REPORT RESUMES

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ASSOCIATE DEGREE NURSING EDUCATION PROGRAMS IN CALIFORNIA, 1953-1965.

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THE ASSOCIATE DEGREE NURSING PROGRAM IN CALIFORNIA WAS ESTABLISHED IN 1958. THE PROGRAM IS OFFERED IN 32 OF THE STATE'S JUNIOR COLLEGES (80 NATIONALLY) AND ALMOST ONE-THIRD OF ALL CANDIDATES APPLYING FOR NURSE LICENSURE EXAMINATIONS COME FROM THESE SCHOOLS. THE IDEA WHICH LED TO THIS TYPE OF PROGRAM WAS FIRST DEVELOPED BY MILDRED L. MONTAG IN HER DOCTORAL DISSERTATION. THE W.K. KELLOGG FOUNDATION PROVIDED FINANCIAL ASSISTANCE. THIS AND OTHER INFORMATION IS PROVIDED TO HELP PERSONS INTERESTED IN ESTABLISHING SIMILAR PROGRAMS. THIS STUDY NOT ONLY DEALS WITH AN ACCOUNT OF THE STATEWIDE DEVELOPMENT AND COORDINATION OF THE 2-YEAR NURSING EDUCATION PROGRAMS, BUT ALSO POINTS OUT SOME OF THE CRITICAL AREAS TO BE OBSERVED IN PLANNING AND MAINTAINING A SUCCESSFUL PROGRAM. MUCH OF THE CONTENT IS BASED ON THE FIVE ANNUAL REPORTS TO THE W.K. KELLOGG FOUNDATION. (HS)

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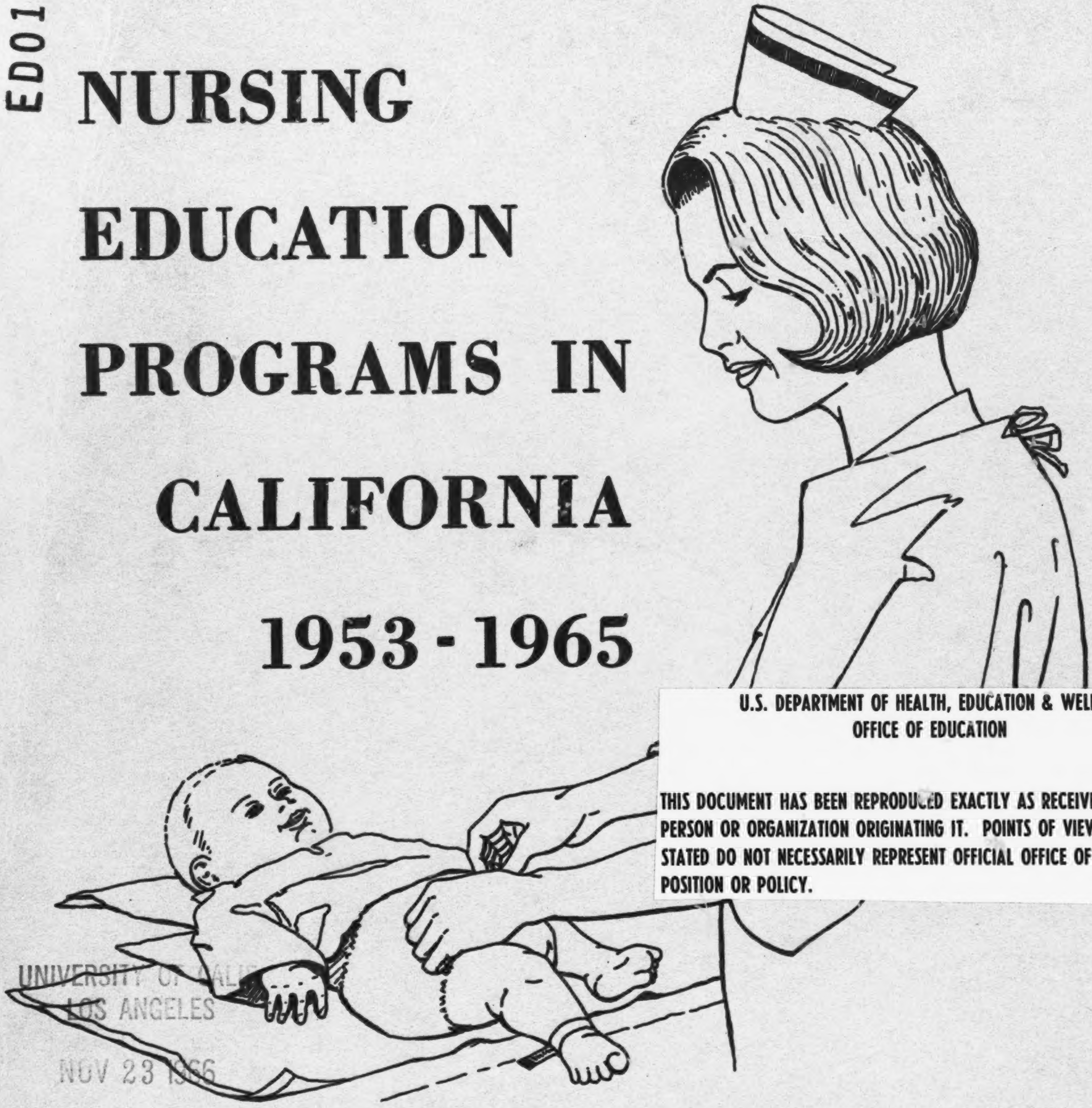
Associate Degree

NURSING EDUCATION PROGRAMS IN CALIFORNIA 1953 - 1965



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ASSOCIATE DEGREE NURSING EDUCATION PROGRAMS IN CALIFORNIA, 1953-1965

Prepared by

Mrs. Celeste Mercer, Special Consultant

California Associate in Arts Nursing Project

Bureau of Junior College Education

Foreword

In establishing the associate degree nursing program in 1958, California junior colleges made the first major change in the training program for nurses that had been made in 25 years. This program is unique in that it provides a two-year course in bedside nursing through the cooperative efforts of the junior college and hospitals that serve an area. The depth and scope of this program make it outstanding among nursing programs, including the baccalaureate degree programs offered by colleges and universities and the diploma programs conducted by hospitals.

The California State Department of Education takes pride in the part it has taken in helping to develop and establish the associate degree nursing program, and the Department is appreciative of the parts taken by others in making the program a reality.

This publication documents some of the accomplishments of the associate degree nursing program and contains guidelines that junior colleges can use to establish new programs and to strengthen those in operation. I hope all junior colleges in California will benefit from these guidelines.

Max Rafferty

Superintendent of Public Instruction

Preface

One of the outstanding examples of the ability of California public junior colleges to contribute to the development of human resources in the state is to be found in the history of the two-year associate degree program for preparing bedside nurses. Although it is only one of the many successful technical programs maintained by the junior colleges, the history of this program can be traced more precisely than others because of events associated with the W. K. Kellogg Foundation and Teachers College at Columbia University.

It is the purpose of this report to relate briefly the history of the associate degree nursing program and to provide such other information as may be of help to persons interested in nursing education in the community (junior) college. Included in this history are accounts of experiences, studies, reports, other matters that may be of practical value in establishing similar programs in new junior colleges or in improving established programs, and answers to at least some of the many questions often raised in connection with nursing education in junior colleges.

The development of the associate degree nursing education program has involved many agencies and organizations. Its development demonstrates the procedure that is essential to all successful technical programs in junior colleges: research, experimentation, evaluation, legislation, administration, supervision, and both preservice and inservice education of staff members.

This report not only deals with an account of the statewide development and coordination of the two-year nursing education program, but also points out some of the critical areas to be observed in planning and maintaining a successful program. The procedures followed in determining the need; planning the curriculum; providing staff and facilities; developing plans and policies for the recruitment, selection, and admission of students; organizing the administrative and supervisory relationships within the college and with other agencies; and other details are typical of those employed in developing the technical programs offered by the junior colleges.

The success of the associate degree nursing education program offered by California junior colleges is indicated at least in part by the fact that, within a period of about eight years, the number of programs has increased from five to 32. Almost one-third of all candidates applying for nurse licensure examinations in the state now come from junior colleges.

This success is due in large part to the generous cooperation and support of the various agencies involved in the program: the Legislature, the State Board of Education, the State Board of Nursing Education and Nurse Registration, junior college administrators, the American Association of Junior Colleges, the University of California, Teachers College at Columbia University, the National League for Nursing, the California League for Nursing, the California Medical Association, the California Hospital Association, the California Nurses Association, and others, particularly the W. K. Kellogg Foundation.

The State Board of Nursing Education and Nurse Registration contributed in a special way to the success of the program. The Board's leadership in assuring minimum standards and its cooperation in providing technical information and advice and in working with the State Department of Education were particularly effective in assuring continuous leadership and support.

To all those who so unselfishly contributed time and energy to the development of the associate degree nursing education program, we dedicate this report in gratitude and with pride.

PAUL F. LAWRENCE Associate Superintendent of Public Instruction and Chief, Division of Higher Education	EMIL O. TOEWS Former Chief Bureau of Junior College Education

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Acknowledgments

Much of the content of this publication is based upon the five annual reports to the W. K. Kellogg Foundation of Part II of the California Associate in Arts Nursing Project. The reports were prepared by Wilma Hiatt, former Consultant, California Associate in Arts Nursing Project, Bureau of Junior College Education. The W. K. Kellogg Foundation has provided the financial assistance necessary to complete the publication of this report.

The cooperation of the State Board of Nursing Education and Nurse Registration was important in the gathering of current statistical data related to nursing education. This cooperation has been identified in many areas throughout the development of the associate degree program in nursing, and, therefore, clearly demonstrates the role of the State Board of Nursing Education and Nurse Registration in the successful development of this program.

Valuable assistance was provided by Virginia Barham, Nursing Education Consultant for the State Board of Nursing Education and Nurse Registration, in the preparation of an outline related to the major areas of content which have been developed.

The Department of Education also expresses its appreciation to junior college administrators and nurse-educators of many of the associate degree programs in nursing. Their experience and knowledge have helped to guide the preparation of this report.

Chapter 1

Background of the Program

California's primary source of nursing personnel, like that of other states, traditionally has been hospital diploma schools of nursing, and hospital programs continuously have provided over 70 percent of our graduate nurses. The number of hospital schools has not increased, however, as the need for nurses has grown. No new school has been opened in a California hospital since 1947, and some long-established schools have closed. An investigation of the reasons for the closing of hospital schools between the years 1951-1961 was conducted by the California Associate in Arts Nursing Project (see Appendix A). This study showed increased cost as the major reason given for closing long-established hospital schools.

The National Pilot Study

The idea which led to a change in the pattern of education for nurses was first developed by Mildred L. Montag in her doctoral dissertation.[1]

In 1952, Dr. Montag's proposals were tested in a national pilot study, the Cooperative Research Project in Junior and Community College Education for Nursing. This project involved Pasadena City College in California and, in five other states, six colleges and one hospital. Under the leadership of Dr. Montag, on the faculty of Teachers College, Columbia University, the colleges themselves initiated pilot programs in educating for nursing, using a curriculum designed to fit into their two-year pattern. Faculty and students used local hospitals as extended campuses of the college. Students enrolled in nursing programs lived like other students, participated in college activities, attended classes in the college pattern, and had hospital experience arranged as part of their faculty-directed clinical education. The nursing faculty, who were employed by the college, met the requirements for certificated personnel.

One of the major purposes of the study was to see if bringing education for nursing into community colleges would attract qualified, competent students. Persons who would not or could not spend the time and money for three-year hospital training programs might find a two-year community college program possible and attractive, it was thought. Conducted for five years, the project included a broad, systematic evaluation. The evaluation established that graduates of junior college nursing programs are able to carry on the functions commonly associated with the registered nurse.

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[1] Mildred L. Montag, The Education of Nursing Technicians. New York: G. P. Putnam's Sons, 1951.

These results were so convincing that the California Nursing Practice Act was amended in 1957 to permit programs in nursing of not less than two years to operate in this state on a five-year trial basis. An evaluation committee of the Board of Nursing Education and Nurse Registration confirmed that the programs had proved their worth; and in 1963 the California State Legislature approved the two-year curriculum as a permanent section of the Nursing Practice Act.

The growth of the associate degree programs has been remarkable--from five in 1957 to 32 in 1965. The Board of Nursing Education and Nurse Registration's list of accredited schools (see Appendix B) shows 32 associate degree programs, 18 diploma programs, and 15 baccalaureate programs in California. It must be noted that the ratio of diploma programs and associate degree programs is unique to California. Nationally, there were 80 associate degree programs, 870 diploma programs, and 170 baccalaureate programs in 1962.[2] In 1965, the national total of associate degree programs was 134. These programs have felt the stress of growth and trial; they have also enjoyed, to an unprecedented extent, the opportunities and obligations that come with the freedom to pioneer.

California Associate in Arts Nursing Project

Many groups and individuals became interested in the development of these new programs, sources of registered nurses. A nursing curriculum was a new challenge to college administrators and faculty. Cooperating hospitals found they had a new role. The philosophy of the transfer of the administration of the program into the colleges needed to be interpreted to the public, to students, and to medical and nursing practitioners. The program also needed to be integrated into the total curriculum of each college.

Concern led to the plan for a state project, carried out by the Bureau of Junior College Education, California State Department of Education, to foster the development of associate degree nursing programs. The purpose of the project was to encourage the development of education for nursing in junior colleges and to contribute to the quality of the programs. A variety of services were proposed. These were represented in the California Associate in Arts Nursing Project as:

Part I: A master's degree program at the University of California, Los Angeles, for the preparation of teachers for associate degree programs and a continuing education program at its School of Nursing for instructors in these programs and for nurses employed in the clinical facilities of the program.

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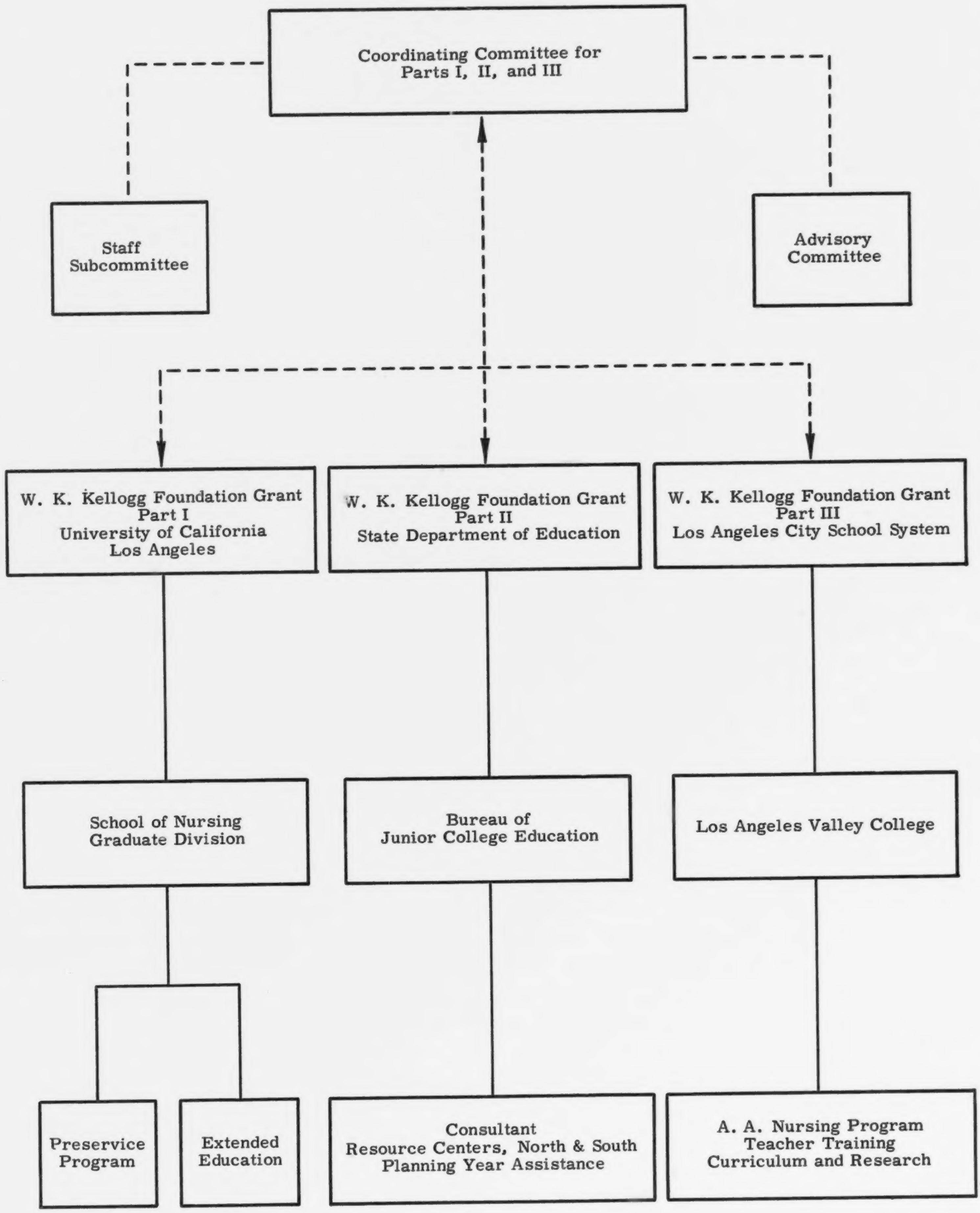
[2] Facts About Nursing, A Statistical Summary (1964 edition). New York: American Nurses' Association, 1964, pp. 109-92.

California Associate in Arts Nursing Project


Coordinating Committee for Parts I, II, and III
Staff Subcommittee
Advisory Committee
W. K. Kellogg Foundation Grant Part I University of California Los Angeles
W. K. Kellogg Foundation Grant Part II State Department of Education
W. K. Kellogg Foundation Grant Part III Los Angeles City School System
School of Nursing Graduate Division
Bureau of Junior College Education
Los Angeles Valley College
Preservice Program
Extended Education
Consultant Resource Centers, North & South Planning Year Assistance
A. A. Nursing Program Teacher Training Curriculum and Research

Part II:	Consultant services through the Bureau of Junior College Education, State Department of Education
Part III:	A demonstration and practice teaching center at the Los Angeles Valley College for those interested in developing associate degree programs

Financial Assistance. The W. K. Kellogg Foundation allocated $1,795,000 for aid in developing and refining the country's associate degree programs in nursing education. Grants extending over four or five years were made by the Kellogg Foundation to agencies in four states: California, Florida, New York, and Texas. The California State Department of Education and the University of California, Los Angeles, and later the Los Angeles City Junior College District, applied for and were awarded grants to assist in the development of associate degree nursing programs. The State Department of Education received $209,654 from the Foundation for the purpose of implementing Part II of the California Associate in Arts Nursing Project.

Coordinating Assistance. A state coordinating committee was appointed and met as necessary during the development and operation of the project. The members of this committee served as a board of review for major project activities and plans. They made recommendations, requested studies, and unified various staff programs. They gave advice and guidance, and provided a broadened perspective to the three parts of the project.

Members of the original committee were:

Joseph P. Cosand (Chairman), President, Santa Barbara City College
Mrs. Mary S. Cameron, Nursing Education Consultant, California State Board of Nurse Examiners
Mrs. Lulu Wolf Hassenplug, Dean, School of Nursing, University of California, Los Angeles
B. Lamar Johnson, Professor of Higher Education, University of California, Los Angeles
Hugh G. Price, Chief, Bureau of Junior College Education, California State Department of Education
H. Lynn Sheller, President, Fullerton Junior College
Edward Simonsen, President, Bakersfield College

Other persons who served as members of the committee were:

Ralph H. Bradshaw, President, Riverside City College
Walter T. Coultas, Assistant Superintendent, Division of College and Adult Education, Los Angeles City Junior College District
Rosemary Hovorka, Supervising Nurse Education Consultant, California State Board of Nursing Education and Nurse Registration
William J. McNelis, President, Los Angeles Valley College
Catherine J. Robbins, President, Pasadena City College
Emil O. Toews, Chief, Bureau of Junior College Education, California State Department of Education
Joseph L. Zem, Chairman, Nursing Committee, California Hospital Association

A representative coordinating committee (above) and advisory committee (below), for one year of the project. The coordinating committee (standing, l-r): William J. McNelis, Walter T. Coultas, B. Lamar Johnson, Hugh Price; (seated) Rosemary Hovorka, Catherine J. Robbins, Edward Simonsen, Mrs. Lulu Wolf Hassenplug, Wilma Hiatt. The advisory committee (standing, l-r): Mrs. Rebecca C. Bosworth, Walter T. Coultas, Kenneth M. Eastman, Marion Alford, Mildred L. Brown, Mrs. Lulu Wolf Hassenplug, B. Lamar Johnson, Catherine J. Robbins, Marjorie Dunlop, Edward Simonsen, Eugenia K. Hayes, Wilma Hiatt, Maura Carroll, Ruth Schindler, William J. McNelis; (seated) H. Lynn Sheller, T. Stanley Warburton, Hugh G. Price, Stuart M. White, Mrs. Marie T. Mills, Mildred Tuttle.

A state advisory committee was also appointed. It was composed of representatives of many groups and agencies concerned with health care and with education. This group received reports of project activities periodically and met annually. It provided a complex reflection of public opinion which helped to fit the project services into everyday social realities.

Persons who served as members of the state advisory committee were:

Marian Alford, Executive Director, California Nurses' Association
Mrs. Gertrude C. Baker, Executive Secretary, California State Board of Nurse Examiners
Mrs. Rebecca C. Bosworth, Chairman, Department of Nursing, Los Angeles City College
Mildred L. Brown, President (1956-63), California Nurses' Association
Mrs. Catharine M. Colling, Administrative Head of Nursing Section, Standard Oil Company of California
Gilbert A. Collyer, President (1962-63), California Junior College Association; President, Shasta College
Joseph P. Cosand (Chairman), President, Santa Barbara City College
Kenneth M. Eastman, Lecturer in Hospital Administration, University of California, Los Angeles
Gordon Gilbert, Chairman, Committee on Nursing, California Hospital Association
Ralph Goldman, M. D., Associate Professor of Medicine, University of California, Los Angeles
Evelyn M. Hamil, Director, Nursing Service and Education, Los Angeles County Hospital
Helen J. Hancock, President (1960-62), California State Board of Nursing Education and Nurse Registration
Eugenia K. Hayes, M. D., Committee on Other Professions, California Medical Association
Ruth Jorgensen, General Director, California League for Nursing
Mrs. Henry J. Kaiser, Jr.
William H. McCreary, Chief, Bureau of Pupil Personnel Services, California State Department of Education
Sidney McGaw, State Steering Committee on Nursing Education, California League for Nursing
Mrs. Marie T. Mills, Director of Instruction, Mount San Antonio Junior College
Marjorie Mote, Chairman, Division of Nursing Education, California League for Nursing
Bill J. Priest, President (1959-60), California Junior College Association
Catherine J. Robbins, President, Pasadena City College
J. Philip Samson, M. D., Committee on Other Professions, California Medical Association
Wesley P. Smith, State Director of Vocational Education, California State Department of Education
T. Stanley Warburton, Associate Superintendent, Division of College and Adult Education, Los Angeles City Junior College District
Stuart M. White, President (1960-61), California Junior College Association

Project Activities. Part II of the California Associate in Arts Project covers five specific services:

1. Establishing and maintaining a statewide consultation service and a central office for the distribution of information, for data-gathering, and for communications related to project activities
2. Arranging for the reimbursement of colleges that had been selected to receive some financial support during the planning of a new program of education for nursing
3. The arranging for the development of regional resource centers and providing for reimbursement of expenses for purchases and services related to the centers
4. Arranging for a program of intervisitation between college personnel and providing for reimbursement of allowed travel and living expenses during the visitations
5. Conducting annual state conferences for the faculty of the programs in nursing and for interested persons whom they invited

The project goal of an increased supply of competent graduates prepared for the functions of registered nurses has now been realized. The knowledge gained through the California Associate in Arts Nursing Project has been most helpful in identifying some of the strengths and weaknesses in the operation of the program.

Evaluation Study

In 1957, when the California Legislature enacted Section 2786.5 of the Nursing Practice Act, which allowed the Board to approve the "basic two years' course of professional nursing education,"[3] the Legislature also requested the Board of Nursing Education and Nurse Registration to examine closely nursing education from the point of view of programs, curriculums, teaching methods, and the length of time necessary to prepare nurses for service. This continuing evaluation led to the establishment of the six-year survey conducted by the Board of Nursing Education and Nurse Registration. Data were collected through three different questionnaires: "Student Biographical Data," "Employer's Evaluation," and "Employment Experience Evaluation." These three questionnaires allowed the Board to collect information about the student, the graduate, and the work situation.

Many of the data obtained by the Board of Nursing Education and Nurse Registration were reported in the annual reports of the California Associate in Arts Nursing Project. They confirm the fact that the associate degree programs are well established and are making a significant contribution to nursing in California.

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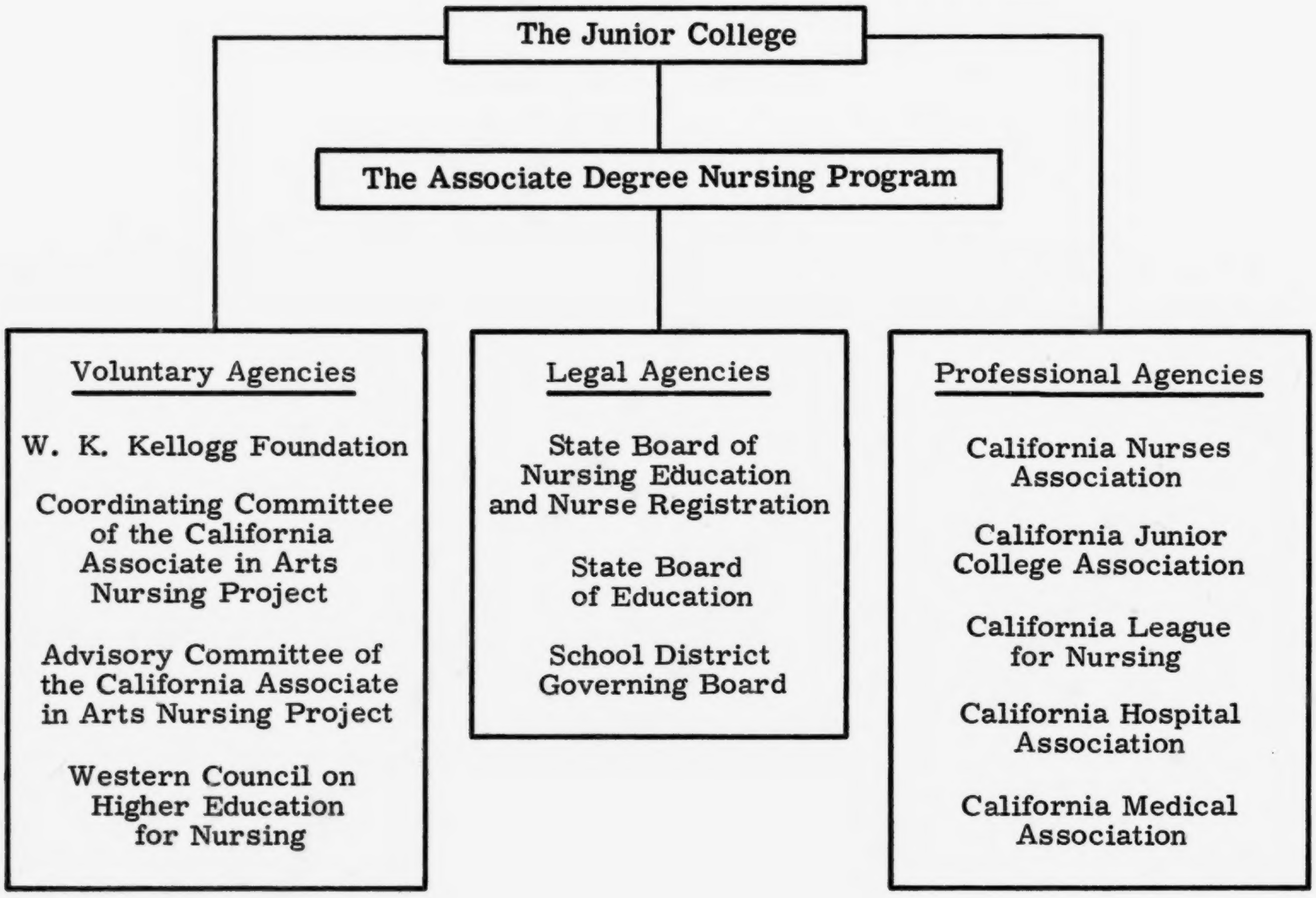
[3] Laws and Regulations Relating to Nursing Education--Licensure--Practice, Section 2786.5. Sacramento: Board of Nursing Education and Nurse Registration, 1965.

Participants in the Development of the Program

The following chart identifies agencies that were concerned with the development of the associate degree program in nursing in California. Administrators of new programs must work with many of these groups at the local level.


The Junior College
The Associate Degree Nursing Program
Voluntary Agencies
W. K. Kellogg Foundation
Coordinating Committee of the California Associate in Arts Nursing Project
Advisory Committee of the California Associate in Arts Nursing Project
Western Council on Higher Education for Nursing
Legal Agencies
State Board of Nursing Education and Nurse Registration
State Board of Education
School District Governing Board
Professional Agencies
California Nurses Association
California Junior College Association
California League for Nursing
California Hospital Association
California Medical Association

Establishment of Associate Degree Nursing Programs

The interest of so many junior and community colleges in the administrative and operational aspects of the associate degree program would make it seem helpful to describe a "typical" program in nursing as it is administered and implemented, but a typical program is not easy to describe. The one characteristic all 32 programs in California share is individuality. Each program has developed in a particular college, with individuality. Each program has developed in a particular college, with individual resources, faculty skills, and administrative philosophy, to serve a particular community. The programs in nursing reflect the unique aspects of these settings. This is one factor which has contributed to their strong growth and success.

Although each program is tailored to the philosophy and objectives of the college within which it develops, certain characteristics are common to all. The important commonalities have been described by Mildred Montag:[4]

- The curriculum includes general, supporting and specialized (nursing) courses. The nursing courses constitute about one-half of the curriculum.
- The specialized or nursing courses have been designed and planned in a sequence different from those in more traditional programs. The content is grouped into broad areas.
- Many facilities are used to provide the learning experiences desired. No one hospital or health agency is sufficient.
- The learning experiences in the hospital or other agency are developed as laboratory experiences.
- The college faculty is responsible for developing the curriculum and for teaching the students. The nursing faculty is employed by the college and with the same privileges and obligations as other faculty members.
- The program is two years in length. Some programs are two academic years, while others use one or two summers in addition.
- The student meets college admission and graduation requirements. She enjoys all student privileges and meets all student obligations.
- The college finances the entire program. Tuition and fees are the same for nursing students as for all others in the college.
- The associate degree is granted.
- The graduate is eligible for the licensing examination of the state in which the college is located.

The guidelines presented on the following pages have been developed for establishing new associate degree programs in nursing. Guidelines do not contain all the information an administrator needs to know, but they can list areas of concern that may serve as a checklist in planning appropriate action. The topics covered in this publication were identified as areas of concern by the California Associate in Arts Project.

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[4] Mildred L. Montag, "Technical Education in Nursing?" The American Journal of Nursing, Vol. 63 (May, 1963), 101-03.

The surgeon general's report is valuable in estimating the need for expansion of nursing programs by the year 1970.[5] The college administrator will want to relate this report to the preparation of nurses in his own community. It will help him to answer the following questions:

- Are the needs of the future considered in the present educational plan?
- Is expansion of present programs more feasible than the establishment of a new program?
- What type of program is best suited to the community?

These questions indicate the importance of preliminary studies in the development of an associate degree program in nursing education.

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[5] Toward Quality in Nursing: Needs and Goals, Report of the Surgeon General's Consultant Group on Nursing. Publication No. 992. Washington, D. C.: Public Health Service, U. S. Department of Health, Education, and Welfare, 1965.

Chapter 2

the College

The college assumes full responsibility for offering an educational program which is eligible for accreditation by educational and nursing authorities, and it provides the same quality of instruction in nursing as in all other curricular offerings. The college fulfills this responsibility in ways described in the following sections.

Community Need and Support

The Board of Nursing Education and Nurse Registration is a good source of information when a community wishes to assess the number of registered nurses actively engaged in nursing. The board's data are based on a continuing inventory of currently registered nurses, and listings are available for city, county, and state.[1]

Communities sometimes exert pressure on colleges to initiate an associate degree nursing program as an answer to the shortage of nurses. Although community support is needed, community pressure can prove hazardous. The problems inherent in this program are not necessarily understood or faced realistically by the community. Therefore, the college still has the responsibility for obtaining the facts, analyzing them, and evaluating all of the possible alternatives.

The associate degree nursing program, as a relatively new addition to nursing education, requires a great deal of interpretation within the community. The community must need nurses to give direct care to patients and be ready to assume its responsibility for the further development of the graduates of the program. A major consideration in planning for this development should be inservice education for graduates. Like graduates of other programs, graduates of the associate degree nursing program need orientation to, and continued education in, the practice of nursing.

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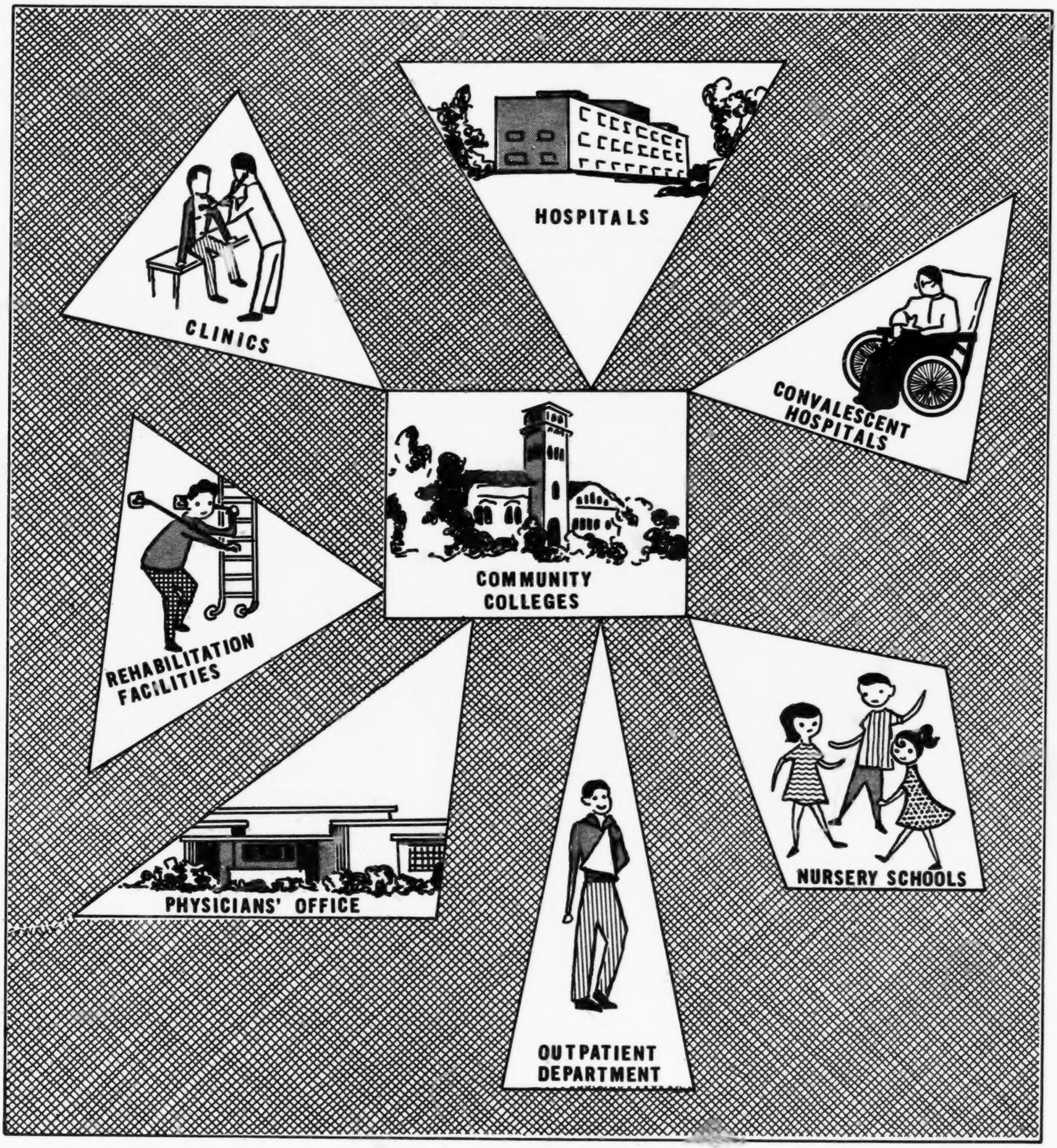
[1] Registered Nurses Directory. Board of Nursing Education and Nurse Registration. Sacramento, Calif.: January, 1966.

COMMUNITY PARTICIPATION IN NURSING EDUCATION


HOSPITALS
CLINICS
CONVALESCENT HOSPITALS
COMMUNITY COLLEGES
REHABILITATION FACILITIES
PHYSICIANS' OFFICE
OUTPATIENT DEPARTMENT
NURSERY SCHOOLS

Communication with the Board

The relationship of the Board of Nursing Education and Nurse Registration and the college is important because the Business and Professions Code of California imposes a duty on the Board to be responsible for nursing education in this state.[2] The Board also offers continuing consultation and guidance.

If a college desires to offer education for nursing, its first responsibility, after local need and support have been assessed, is to establish communications with the legal board of licensure in the state.[3] This may require a revision of nursing legislation, as was the case in California. Revision was accomplished with the leadership of the California Nurses Association and the support of the many other interested groups and agencies. Legislation provides the assurance that the associate degree nursing program will be developed not only within the framework of the college, but also will fulfill the minimum standards of a curriculum defined by law.

The Guiding Principles, which are referred to in the California Nursing Practice Act, were a joint endeavor of the American Association of Junior Colleges and the National League for Nursing.[4] When a school asks to begin a program, it accepts the responsibility to abide by these guidelines and the Board's guidance.

The Advisory Committee

An advisory committee is essential to the associate degree nursing program. However, there may be a tendency for the administrator or director of the program to permit or even ask the nursing advisory committee to make administrative decisions rather than to serve only in an advisory capacity. It is strongly emphasized that experience has proved it is unwise and improper to delegate administrative or operational responsibilities of the program to this committee. It is also recommended that school personnel not serve as the chairman of the nursing advisory committee.[5]

The committee should be organized during the initial consideration of the program and should play an important role in the program's development. The role of the advisory committee is best fulfilled when its membership follows an organized pattern, such as to:

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[2] Laws and Regulations Relating to Nursing Education--Licensure--Practice, Section 2786. Sacramento: Board of Nursing Education and Nurse Registration, 1965.

[3] J. F. Marvin Buechel, Principles of Administration in Junior and Community College Education for Nursing. New York: G. P. Putnam's Sons, 1956, p. 54.

[4] "Guiding Principles for Junior College Participation in Education for Nursing." Prepared by the Department of Diploma and Associate Degree Programs. New York: National League for Nursing, 1961.

[5] Sam W. King, Organization and Effective Use of Advisory Committees. OE-84009. Washington, D.C.: U.S. Department of Health, Education, and Welfare, 1960.

- Gather information
- Discuss and define programs, practices, and proposals
- Present recommendations in the areas of:

    Curriculum development
    Studies and investigations
    Program evaluation
    Current trends in nursing education
    Intergroup and interagency relationships
    Communications
    Community liaison

Sometimes the committee has the additional function of identifying and interpreting the role of the associate degree nurse, and herein lies an effective tool for assessing the readiness of the community for such a program. In the past there has been considerable resistance from the registered nurse group toward the associate degree program, as well as misuse of the associate degree graduate. Some hospitals have expected the new graduate to attain a level of performance which could be immediately transferred to positions of responsibility on the job. The nursing community needs to recognize that the associate degree nurse requires supervision and additional inservice education. Lack of attention to this area of concern in the planning stage can result in a weak program, which will not meet the needs of the community.

Joint Planning with Other Agencies

Since junior colleges are locally controlled, there is no state agency or central committee that functions as a coordinating agent. Therefore, the initiative for interagency cooperation must come from the college. Since there is a need for mutual assistance, it is generally agreed that the new program must initiate the cooperation, because the established program may not even know about the new program's plan to begin. As much time as possible should be given to cooperative planning because the better the planning, the better the program. In the words of the Surgeon General's Consultant Group on Nursing, "The solution of the nursing problem is a complex matter; it requires a multipronged attack with adequate resources to do the job. A timid piecemeal approach is doomed to failure."[6]

It would be possible to organize a state coordinating committee to aid with regional planning. The question is, who should provide the leadership? Responsibility for coordination in California now rests with the Tri-Partite Liaison Committee on Nursing Education.

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[6] Toward Quality in Nursing: Needs and Goals, Report of the Surgeon General's Consultant Group on Nursing. Publication No. 992. Washington, D. C.: Public Health Service, U. S. Department of Health, Education, and Welfare, 1963.

The California Associate in Arts Project prepared a map which outlined a preliminary regional survey of California and roughly indicated areas for further exploration, according to tentatively assigned categories of need and facilities.[7] A plan of study might include a survey of population concentrations, potential educational and clinical resources, faculty potential, and areas of shortage of nurses. It would also involve a consideration of the best use of clinical resources to prepare the types of nursing personnel most needed.

Concurrently with regional planning among agencies should be developed a recognition of the importance of standards of quality in hospital nursing service. The National League for Nursing, Department of Hospital Nursing, has prepared a new booklet which identifies the criteria related to quality in nursing service.[8] This recognition should focus equal attention on methods which will ensure basic standards of excellence in nursing practice. Is the community not only willing to cooperate in the preparation of the associate degree nurse, but also ready to assume the responsibility for the proper utilization of the graduate of the associate degree program? This is the crucial question.

Financial Obligations

The larger elements that go to make up the cost of the associate degree program in nursing include salaries and capital outlay.[9] Both of these should be fairly simple to estimate. Classrooms for the general education part of the program usually already exist on the campus. It is expected that the general education part of the program will be no more expensive than any other program of the junior college. The use of hospital laboratories lessens the need for elaborate and expensive equipment and facilities. The clinical work at the hospitals will be more expensive because of an almost tutorial relationship between the student and the teacher in the clinical setting. This protects the safety of the patient and permits instruction of students at the patient's bedside. Programs in California were initiated with a minimum faculty-student ratio of 1:8. Faculty adequacy is now measured by the school's demonstrated ability to meet its stated philosophy and objectives.

Maura Carroll, while teaching at the University of California, Los Angeles, reported a study related to the utilization of clinical facilities that departs from the traditional approach.[10] More research is needed in this area.

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[7] Ibid., p. 5.

[8] Criteria for Evaluating a Hospital Department of Nursing Service, Code No. 20-1168. Prepared by Department of Hospital Nursing. New York: National League for Nursing, 1965.

[9] Buechel, op. cit., p. 4.

[10] Pre-Service Program for Preparation of Nurse Faculty for Associate Degree Programs in Nursing. Part I, Fifth Annual Report to the W. K. Kellogg Foundation. Los Angeles: University of California School of Nursing, 1964. p. 20.

A national study on the cost of nursing education in junior colleges is now available from the National League for Nursing.[11] Study findings are of particular significance at this time because of the allocation of federal monies for expansion and construction of facilities for schools of nursing.

The Educational Unit

A study by Portugal refined the Space Adequacy Survey approach to school planning.[12] The procedures suggested in this study have been further refined and are available through the Bureau of Administration and Finance, California State Department of Education. Forms in the Portugal report will help the administrator to correlate instructional space with enrollment as he plans to modify or expand existing facilities or to build a new plant. Space relationships are also explored in a recent publication of the U. S. Department of Health, Education, and Welfare.[13] Barham looks at methods of instruction as related to planning: lecture, discussion, student presentation, seminar, and laboratory experiences.[14] Thus, space would include classroom, seminar, and laboratory facilities. Equipment would involve a basic hospital unit, facilities for running water (hot and cold), moulages, certain procedure trays, charts, movies, and slides with equipment for projection.

In planning, all requirements for the program need to be considered in relation to their use in order to secure flexibility or adaptability of planned space. Chabot College has creatively converted the traditional nursing laboratory into a skill center, where students may check out equipment from a central stockroom for independent practice of nursing techniques. Students enrolled in the other paramedical programs also utilize this skill center.

Space adequacy is also important in relation to faculty. Due to the nature of the program, the instructor-student relationship supplements the student personnel services offered to all college students. Such counseling requires a degree of privacy. Considerable time must be also be spent planning learning experiences throughout the program. This can best be accomplished with adequate, individual office space.

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[11] Study on Cost of Nursing Education. Part 2, Cost of Basic Baccalaureate and Associate Degree Programs. Prepared by Harold R. Rowe and Hessel H. Flitter. New York: National League for Nursing, 1965.

[12] Eugene J. Portugal, A Preliminary Report on the Application of the Space Adequacy Survey--College at Seventeen Selected California Junior Colleges. Santa Rosa, Calif.: Santa Rosa Junior College in cooperation with the California State Department of Education, the University of California, and the California Junior College Association, 1961.

[13] Nursing Education Facilities. Publication No. 1180-F-1b. Washington, D. C.: Public Health Service, U. S. Department of Health, Education, and Welfare, 1964.

[14] Virginia Barham, "A Desired Housing Plan for the Associate Degree Program in Nursing," April 5, 1962 (unpublished paper).

Much has been written regarding the associate degree program in nursing, but relatively little pertains to housing per se. A genuine understanding of the educational program is required in order to assess the housing needs within the college. As junior colleges expand and new programs are developed, the need to identify housing in specific terms becomes apparent.

Chapter 3

the Administration

The college administration provides for the resources and the facilities needed by the unit in nursing and enables it to realize the benefits and the responsibilities commensurate with its place in the college organization.

Initial Planning of a Program

In implementing the nursing program within the community college, the administrator may anticipate problems relating to the articulation of the specific aspects of the program with the total college program. These problems will be met in the areas of scheduling, due to the fact that the nursing courses will include clinical instruction in a variety of health agencies serving as extended campuses; interdepartmental communication and cooperation; and integrating the nursing students into the total student body so that they identify with the overall college group.

The Need for a Planning Year

Usually the college has already proved the need for the program, discovered there is adequate student potential, obtained pledges of cooperation from local hospitals, and obtained some local newspaper publicity for the new program before the nurse-director is hired. The nurse-director usually is hired one academic year before students are admitted. This period is known as the "planning year." One of the purposes of the Project was to explore the need for the planning year. Each college in California has stated it is invaluable, even though the administration may have questioned its need and practicality at the beginning.

The establishment of relationships with hospitals, the development of the curriculum within the college structure, the search for faculty and their orientation, the interpretation to the community, the preparation of catalog and brochure material, and initial screening and admissions practices are all mentioned as time-consuming essential steps taken during the planning year. Clinical areas should also be evaluated during the planning year. Objective criteria are essential, and it is a time-consuming process to identify the critical elements in each skill.

Agency Contracts

One of the major problems in establishing an associate degree nursing program involves the clinical facilities. The administration should be aware that the necessity for clinical instruction and practice away from the college campus creates relationships that are not common to the usual college program. The hospital is a different world, and nursing education is attempting to harmonize these two worlds--the patient-centered hospital and the student-centered college. A great deal of understanding is essential for a working relationship.

The contributions of and benefits of cooperation to both the hospital and the college could be achieved without any written agreement or contracts. Written records of agreement, however, clarify thinking and facilitate sharing this thinking with other or future participants. Another benefit of agreements or contracts is the orientation of top administrative levels of both agencies. If the contract is based on philosophy and purposes of both agencies, its review and adoption can result in a clear and mutually favorable perception of each other's responsibilities in serving public welfare. Such an approach helps put the provisions of the contract into better focus.

The process of developing an agreement or contract between the educational and clinical agencies usually is initiated by the college. Frequently, four or more different agencies are used to implement a fully operating curriculum. Many agencies have their own contracts.

The basic guidelines of drawing up the contract usually are established by administrative policy, but the particular provisions will be suggested by the nursing program director, who knows best what should be accomplished educationally by the agreement. Through a process of conversations and shared explorations, a draft of the proposed contract will be developed by the college with the cooperation of the hospital. After further exchange of points of view, the final draft is reviewed by both parties and eventually signed by appropriate representatives. The total process may take several months or longer, depending upon the meeting schedules of the hospital boards. Ultimately, all cooperative efforts depend upon mutual understanding and acceptance of agreed-upon goals.

The process of contract development is streamlined after the first one is written, because the first contract can serve as a "master" for the others, subject to needed adaptations.

The many contracts in use in California are too varied for this publication to present a model. However, the areas of content which predominate have been grouped into broad categories of responsibility or privilege in the "Summarized Apparent Intent of Sample Contracts" (Appendix D). No one college would want to include all the points listed, or use the same vocabulary, but the summary may be helpful in indicating the responsibilities commonly assigned, with local adaptations, to hospitals and colleges.

There might be two documents--one semipermanent and one temporary:

- A signed agreement which covers broad aspects and probably will be usable over a period of years with little revision

- An annual semester "Clinical Instruction Plan," which can give details of cooperation which are consistent with the provisions of the contract but which would change periodically with the on-going progress of the educational program (An example might be the number of students assigned to the agency, the hours and days they will attend, the sequence of their assignment, or the clinical areas to which they are assigned. The contract should be based on the admission and completion dates for a class of students.)

Since the form and content of these agreements can contribute to their clarity and usefulness, the following is a summary of the suggestions and practices of 20 colleges having written agreements:

- Limit the content to three pages; preferably less.
- Organize the content into the following major categories:
    1. Basis and purpose of forming the relationship
    2. General responsibilities and privileges of both parties, stating in sequence those involving the college and those involving the hospital
    3. The status of students in this relationship
    4. Provisions for continuation, review, modification, and termination of the agreement
- Confine content to major issues. Details and variable minutiae should be decided and agreed upon by agency representatives at an operational level, subject to appeal in case of major conflict.

A trend revealed by the review of the contracts of 20 colleges is that of spelling out in detail the various administrative responsibilities of the college, such as keeping records, admitting students, providing teaching aides, and employing faculty. Probably this is a natural result of the transition from hospital-administered schools to college-administered programs. Hospitals may anticipate some educational functions which might still be delegated to their staff. Educational functions, however, are solely the responsibility of the college faculty and are delegated with mutual agreement and understanding.

Another hazard of listing details in the contract is the implied exclusions of details not listed. Perhaps this explains the nature of the responses to a request for evaluative comments on contracts. The responses advised making the contracts broader and more general. Apparently, experience has proved that sound general agreement should provide the basis for operational-level planning in detail to meet changing needs more easily.

Generally speaking, reports showed that most of the colleges expressed satisfaction with their contracts and agreements, primarily because of the good will which made them workable. Many agreements have not been changed since the original copy was signed.

The On-going Program

- The aim is to develop a permanent program, even though the program may change as conditions and experience warrant.
- There must be a realistic assessment of the cost of the program.
- The amount of administrative time required relates to a large degree to the ability of the nurse-director to organize and supervise.
- There must be a constant search to find better ways of teaching technical skills. These ways may include learning to use facilities in new and more efficient ways; using preconferences and postconferences; refining the selection of learning experiences; sharing assignments; and exploring the use of teaching aids such as closed-circuit television.
- Scheduling must allow for the extra time required to coordinate clinical work and supervise students working in hospitals. Scheduling classes must allow for time spent on the extended campuses and in travel.
- The realities of supply and demand must be considered in obtaining and retaining qualified faculty. Existing faculty should be used efficiently and effectively.
- Because of the continual changes in nursing practice, continuing education for the nursing faculty must be provided.
- Integration of the nursing faculty with the faculty of the college is a continuing process, for the nature of nursing education tends to isolate the program.
- Public relations is important to the associate degree nursing program. Interpreting the program to the community and interesting the medical segment of the community in the college are an integral part of the college services to the community.
- Marked expansion of the program is to be expected. (Look at total scheduling in expansion plans.)

Chapter 4

the Faculty

"The best single index of the ability to prepare professionally adequate practitioners of nursing is the competency of the faculty in providing a program of recognized quality."[1]

Factors Related to the Chairman

It is expected that the chairman of the nursing program will assume the major responsibility for functioning as the prime mover at the administrative level for the program she directs.

Typically, the nurse-director begins in a small, often temporary office with a telephone. Preferably, this office is located where it can be found easily by visitors to the college and where the director will be meeting other faculty and becoming known and accepted. Secretarial services may not be available at first, but the correspondence, telephone calls, and materials to be prepared soon show them to be necessary on a full-time basis. As one administrator said, "Refusing secretarial help to the chairman meant I had a highly paid, inexperienced clerk instead of a chairman."

Professional Qualifications. Minimal qualifications for the chairman of the nursing program are defined in the Nursing Practice Act;[2] hence, approval by the Board of Nursing Education and Nurse Registration is a prerequisite for a director. Every administrator must be familiar with the laws regarding the licensing of registered nurses in his respective state. In California, licensure is mandatory for registered nurses, and employers of registered nurses are required by law to ascertain that such employees are currently authorized to practice as registered nurses.[3]

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[1] "Guide for Use of State Boards in Developing Standards for Accrediting Preservice Educational Programs Preparing Professional Nurses." Prepared by Subcommittee on Preparation of Educational Standards for Use by State Boards of Nursing. New York: American Nurses' Association, 1959, p. 8.

[2] Laws and Regulations Relating to Nursing Education--Licensure--Practice, Section 1427(b)(1). Sacramento: Board of Nursing Education and Nurse Registration, 1965.

[3] *Ibid.*, Section 2732.5.

Many prospective program directors may have academic and nursing preparation but no experience in functioning within a college. Cafferty has identified the importance of sound orientation programs to assist nurse-educators to see their roles in the collegiate frame of reference and to carry out their functions as full-fledged members of the college faculty.[4]

The data from the Cafferty study also indicate that certain items have priority as background for the director of the nursing program:

- A master's degree
- Broad general education
- Nursing education
- Teaching preparation and experience
- Credentials certifying registered nurse status
- Experience in nursing administration and supervision and clinical nursing[5]

The ability of the nurse administrator to interact with members of the community, to foster community understanding of the objectives of the program, and to engender continuing support of the program leading to access to clinical facilities, scholarships, and recruitment of students is vital to long-range success.

Special Characteristics of the Program. The responsibilities of the nursing administrator compare with those of administrators of courses in which students have laboratory assignments off campus. Specific considerations that identify differences between the nursing department and a general education department include:

- Need to organize the nursing program not only as a department in the college, but also as an accredited program in nursing leading to state licensure (There are records to keep and state regulations to meet.)
- Recognition of a well-defined, immediate social responsibility to help attract and prepare students for a career which gives services crucial to the health of the public
- Need to cooperate intimately with community health agencies and maintain relationships which make possible student clinical practice

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[4] Kathryn W. Cafferty, "The Role of the Administrator of the Nursing Program in the Community-Junior College," The League Exchange. No. 51. New York: National League for Nursing, 1960, pp. 46-47.

[5] Ibid., p. 47.

Relationships with Clinical Facilities. Establishing good relationships with clinical facilities requires considerable time and the use of positive methods of establishing interpersonal relationships and continuing communication. Most of the suggestions given by college personnel in California deal with a form of communication which contributes to mutual understanding. The college administrator and the nurse-administrator should anticipate and provide for the following:

- Visits by agency personnel to the college and other agencies may help prevent or clear up misunderstandings. For example, a critical head nurse may find a nurse-faculty curriculum meeting at the college very enlightening.

  Similarly, college personnel benefit from visits to the cooperating agencies. For example, a college dean may come to appreciate, by visiting the patient-care units, the orientation of new faculty to the agency and the daily tasks associated with clinical teaching.

- If the hospital has never been used for nursing education before, the administrator should be prepared to share detailed plans for instruction early in the period of cooperation. Sharing promotes confidence until experience demonstrates the quality of the program.

- The administrator should interpret the nursing education program to hospital personnel on all levels rather than depending on the hospital administration to do so.

- The nurse-faculty member who teaches in a specific clinical unit should be the major interpreter of the nursing education program and troubleshooter. Relations with the agency should be reviewed periodically by the program director. Any continuing problems should be shared with the hospital administrator and solved.

- College faculty should visit and confer with the staff of a new clinical agency or area before students arrive for clinical practice.

- Results of follow-ups of employed graduates should be shared with hospitals cooperating in clinical education.

Recruitment of Faculty. The administrator assists in recruiting the faculty. If the program is in full operation, with two classes enrolled, the faculty averages seven members per college. Table 1 shows faculty replacements and additions needed for the 1963-64 school year. Faculty turnover averages 10 percent. Since the faculty recruitment sources are shared with other educational programs in nursing, the state's total needs for all basic programs in nursing have been indicated in the table. These data indicate the rapidly growing need for nurse faculty and foretell the difficulties in recruitment which can be expected.

Table 1
Responses to Survey of Estimated Faculty Needs of Basic Programs in Nursing in California, 1963-64

Type of program[1]	Number of replies	Estimated number		Number of responses indicating reasons for new faculty			Total number of faculty needed
		Of faculty replacement	Of new faculty	Expansion	New programs	Curriculum changes	
Associate degree	29 of 29 possible replies	16.5	34	10	24	--	50.5
Diploma	19 of 21 possible replies	19	7	5	--	2	26
Baccalaureate degree[2]	14 of 16 possible replies	26.5	34.5	19	12	3.5	61
Total	62	62	75.5	34	36	5.5	137.5

[1] All programs want teachers with master's degrees. Associate degree programs also require teachers to have teaching credentials.

[2] Some of the teachers indicated as needed in baccalaureate degree programs will teach graduate courses as well.

The National League for Nursing has prepared an excellent guide for the administrator in reviewing faculty qualifications, identifying potential sources of candidates, presenting information about the position, and processing the application.[6] The League's "Guiding Principles for Junior College Participation in Education for Nursing" also provides guidelines for the selection of faculty.

The lack of qualified faculty is cause for concern, because the need for faculty increases as the program enlarges. Training programs, internships, and sharing of faculty are all possibilities which need to be studied. The present supply of competent faculty is not adequate to allow each college to choose the instructors it wishes to employ; the choice is frequently limited to those available.

Rural areas are having more difficulty in obtaining faculty than metropolitan areas are. Because money is available for graduate education, rural areas might recruit their own people for graduate education to return to them as a source of supply.[7]

If the nursing programs are to continue to expand, methods for ensuring the supply of competent faculty must be forthcoming.

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[6] "Selection of Qualified Directors and Faculty Members for Nursing Education Programs Leading to an Associate Degree." Code No. 16-831. New York: National League for Nursing, 1961.

[7] "Scholarships, Fellowships, Educational Grants, and Loans for Registered Nurses." Code No. 40-408. Prepared by Committee on Careers. New York: National League for Nursing, 1963.

Supervision of Faculty. Responsibility for effective utilization of faculty after they are hired rests with the administrator. Some of the problems of the new teacher may be solved through staff orientation, supervision, faculty meetings, and inservice education; yet, other problems are solved to the degree that the administrator sees her role to be that of a "teacher of teachers" as well as the prime mover for the total program. A top priority for the administrator is the inclination to spend time with faculty members who are deficient in formal preparation and teaching experience. This willingness to spend time with teachers is predicated upon the assumption that the administrator has two competencies--first, expertness as a practitioner of nursing, and second, teaching ability--and can communicate them.[8] Two pertinent questions for the administrator are:

- Have teaching responsibilities been delineated and priorities established?
- What do the teachers know about the present array of techniques, devices, and processes that may enrich the educational program?

Orientation of Faculty. All California junior colleges have an orientation program for new faculty. Usually, the orientation consists of some sessions for all new faculty and some separate sessions by departments. The department chairman and faculty are expected to give particular orientation to a teacher joining their group and to work with him or her on a long-term basis as needed for integration and cooperation among teachers.

The inservice program may provide an orientation to the junior college as an institution, although this philosophical concept is usually a part of preparation for the junior college credential. Periodic total college faculty meetings with speakers or discussion supplement this orientation.

Faculty Load. The work load assigned to the faculty in nursing is usually determined by two major factors: (1) the general policy of the college concerning faculty duties to be expected of all teachers; and (2) the special aspects of the program in nursing which influence the determination of faculty load equivalencies.

By evaluating the demands which various educational functions make upon teachers, colleges develop a faculty-load formula which can be used to help equalize assignments for individual teachers. These formulas may vary somewhat among different colleges, but a common basic assignment is 15 to 16 "lecture" hours a week.[9] (See also pages 29-32.)

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[8] Eleanor A. Tourtillot, "What to Do with What We Have (Effective Use of the Nursing Faculty)," Utilization of Faculty in Associate Degree Programs in Nursing. Report of a Conference Held in St. Louis, Mo. New York: National League for Nursing, 1964, pp. 7-14.

[9] "Final Report of Instructor Load Assignment Formula," Subcommittee No. 3. Marysville, Calif.: Yuba College, 1963.

The Departmental Budget. The program director identifies, with assistance from the faculty, the departmental budgetary needs and prepares and submits the budget in accordance with the college regulations. It is also important to identify what other areas reflect nursing needs. The library budget should be allocated in the planning year so that textbooks will be available when students enroll.

Factors Related to the Faculty

Credentials and Other Requirements. The faculty of California's associate degree programs in nursing must be credentialed to teach in a junior college. A recent change in the credential structure provides two credentials for nurse faculty--the Standard Teaching Credential with a Specialization in Junior College Teaching or the Standard Designated Subjects Teaching Credential. Former credentials still honored include the General Secondary Credential, the Special Secondary Credential in Nursing Education, and the Junior College Credential. Additional information relative to junior college credentials may be obtained from Carl A. Larson, Chief, Bureau of Teacher Education and Certification, Department of Education, 721 Capitol Mall, Sacramento, California 95814.

The nursing faculty must also meet the faculty requirements for an accredited program in nursing, as stipulated in the state law and regulations. Minimal qualifications for faculty members are defined in the Nursing Practice Act; hence, approval by the Board of Nursing Education and Nurse Registration is a prerequisite for the faculty.[10] All applicants must be informed that California licensure is mandatory for registered nurses. The employer's responsibility to verify current licensure is identified in Section 2732.05 of the Nurse Practice Act.

The following criteria are used by the National League for Nursing Board of Review for associate degree programs to evaluate faculty candidates:

- Educational preparation that includes a master's degree in teaching in an area of nursing or graduate study toward that degree
- Credentials verifying legal status as registered nurses in the state in which the program is located
- Such other credentials as may be required by the college
- Professional experience as practitioners of nursing and as teachers of nursing[11]

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[10] Laws and Regulations Relating to Nursing Education--Licensure--Practice, op. cit., Section 1427 (b)(3)-(4).

[11] Criteria for the Evaluation of Educational Programs in Nursing Leading to an Associate Degree. Prepared by the Department on Diploma and Associate Degree Programs. New York: National League for Nursing, 1962, p. 8.

The essential ingredients in the preparation of faculty were recently outlined by Montag:[12]

- Understanding of the community college
- Understanding of the junior college curriculum
- Broader preparation
- Experience in the associate degree program at the practice level

Faculty Involvement. The director of the nursing program must seek ways to involve the college faculty in the development of the curriculum, because their intelligent understanding of the program is essential to its success. It is important to demonstrate early that the program will fit into the on-going pattern of the college.

Involvement of faculty may be attempted in a variety of ways. The following suggestions have been considered key factors to success in existing programs:

- Contact was made with other faculty through the division chairman. The chairman was asked to name instructors in his division who would be interested in assisting the program director.
- Reactions to several alternative ideas--never one idea, which may convey a rubber stamp attitude--were sought from the instructors.
- The time of curriculum meetings was adjusted to the convenience of the college faculty members.
- Emphasis was placed on exploring the value and use of learning from supporting courses in the nursing department and other departments of the college.

Salaries and Privileges. Faculty in nursing have the same employment conditions as do other credentialed personnel of the college. Their salaries are established on a standard scale determined by academic preparation and experience. They advance on this scale as do other faculty, with added study and experience or added duties.

In accordance with college policy, appropriate adjustments are made for faculty with special needs and activities. Since nurse faculty travel off campus and often bring borrowed equipment to the campus for class use, they should be given reserved parking as near the campus as possible. They should also be allowed mileage for officially approved travel to and from clinical areas.

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[12] Comments of Mildred L. Montag at the Curriculum Workshop, College of Marin, Kentfield, Calif., March, 1965.

Since nurse faculty must teach on extended campuses as well as at the college, and since these extended campuses are hospitals with complex policies and individual practices which the teacher must know, it is recommended that colleges employ the nurse faculty a month before the school term begins so that they can become familiar with the hospitals and be ready to instruct students there. During this preliminary period, the teacher might give patient care in the mornings to learn routines and locations of supplies, confer with various staff in the afternoons, and take various opportunities to observe the activities and services of the agency.

The faculty in nursing are eligible for sabbatical leaves or educational furloughs according to standard college policy. If the faculty teaches in the summer session of the program, they are paid an additional summer salary which should be comparable to the yearly salary.

The Teaching Load. The faculty are selected to provide the required variety of courses: medical-surgical nursing, psychiatric nursing, obstetrical nursing, and pediatric nursing. It is understood that each lecture hour will require teacher time in preparation and teacher time in grading papers or other student evaluation activities. In addition to this time directly associated with instruction, related educational activities are expected to make up approximately a 45-hour week, including the following:

- Preparation for class
- Teaching
- Evaluating student performance
- Office hours for conferences with students
- Service on college and departmental committees
- Attendance at required meetings concerned with faculty and educational matters
- Sponsorship of student activities and student advising
- Participation in college or departmental inservice programs
- Personal self-development in knowledge and teaching skills
- Participation in professional and community organization and affairs
- Other duties which may be commonly expected or which may be assigned in lieu of usual functions

Office hours, committee duties, and required meetings are the most common campus assignments in addition to teaching hours.[13]

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[13] "Study of Teacher Load Practices in California Public Junior Colleges." El Camino College, Calif.: El Camino College, 1963, p. 4.

The basic teaching assignment is usually expressed in terms of lecture hours. The preparation time required of a teacher for a laboratory hour, the instructional demands during the hour, and the evaluation demands resulting from it ordinarily are somewhat less than are required for a lecture hour. Therefore, laboratory hours have usually been given a "load" value of about one-third to one-fourth less weight than a lecture hour. Therefore, if a teacher has some lecture hours and some laboratory hours, a formula of value can be applied which should be equivalent to 15 or 16 lecture hours. For example, if a teacher had all laboratory hours, he might teach one-third to one-fourth more clock hours than a teacher who had all lecture hours. If some of the required teaching is done in the laboratory, however, an equivalent value is assigned to a laboratory hour.

Faculty specialists are expected to assist in teaching the beginning fundamental course; and in some programs all faculty assist in each area, serving in turn as the "master" teacher for their particular specialty when it is being taught.

Clinical Teaching. Perhaps the most unique feature of the program in nursing, in relation to determining teacher load, is the fact that a major part of the teaching takes place as laboratory hours away from the college campus. The setting is a hospital dedicated to patient care, where teachers and students are "guests." Instruction in nursing and student practice is permitted with the understanding that these activities will not interfere seriously with the operation of the hospital and the welfare of patients. Certain rather unique implications in this situation need to be considered in determining an equivalent teacher assignment value for the faculty in nursing:

- The faculty must travel between the college campus and the "extended campuses" (hospital). A travel time credit needs to be determined and an equivalency granted in faculty load formulas.

- The hospital "laboratory" is a specialized, constantly changing setting where, in spite of careful planning, the teacher must frequently adjust to last-minute changes, compensating for the lack of an anticipated student learning situation and taking advantage of unforeseen new opportunities. This laboratory is not like the educationally controlled campus laboratory with equipment and specimens ordered ahead of time and available as planned. This makes nursing laboratory instruction difficult and demanding.

- Because the hospital laboratory consists of a single or double patient-care units, or sometimes larger wards, students are scattered in different rooms. This means the teacher must be familiar with each patient-care situation so she can circulate to be ready and available to give instruction and assistance when and where they are most needed.

- Preparation for clinical instruction and practice determines the difference between highly significant learning or busywork of little educational value. Seven major steps are involved for each laboratory session:

1. Determining the learning experiences appropriate to the past and present course content
2. Individualizing these experiences by identifying each student's readiness for specific assignments
3. Surveying the learning experiences available in the current clinical situation and selecting those which meet the criteria in step 1
4. Exploring with a member of the hospital staff (usually the head nurse) the practicality of the tentative plan of student assignments in terms of hospital routine, the persons involved, and patient welfare; exploring further with other personnel as necessary
5. Becoming briefed on the particular nursing care activities, information, and equipment which will be needed
6. Confirming the assignments for students and identifying areas where last-minute changes may become necessary
7. Communicating the assignments to both students and staff so that the experiences will be available (Usually these assignments have to be made the day prior to the laboratory. This is one reason why clinical laboratory on Monday is often difficult to teach unless it is held in the afternoon. Delegating the making of assignments to hospital staff is not sound educational practice.)

The detailed preparation needed for clinical teaching and the creative abilities required by the unique setting may indicate a need to explore whether a nursing laboratory class is actually similar in "weight" to the usual college laboratory.

This question is also appropriate in light of the demands in teacher time made by clinical evaluation. Many nurse-educators feel the student's clinical performance is the crucial determinant of student success in the program. Evaluation of laboratory work is difficult and time-consuming, because it must occur in a changing life situation rather than in a written examination.

With the unique aspects of clinical teaching fairly considered and evaluated, the regular college policy of teacher assignment and teacher load equivalency formulas should be applicable to nursing. A value can be determined for clinical nursing instruction by observing the demands made on teacher time and equating this with instruction of a similar difficulty in other college areas.

In the first two years of a program, the teaching load is usually lighter than it is later on when the curriculum is in full operation. The way in which a curriculum is planned and class-laboratory hours are programmed has significant influence on the most effective use of nurse faculty.

An important aspect of initial program planning is the development of trial teacher load diagrams as well as student program patterns for each school term. Diagraming can help reveal plans which would leave faculty with too much or too little to do and identify a student program that cannot fit in with other general education courses. Sometimes the first plans for course content and unit value can be modified, moving some units to an earlier course or one which follows in the interest of a more practical balance. The highly integrated curriculum in nursing can allow for such adjustments.

Evaluation of Teaching Methods. With time, faculty gain more experience, new faculty with more recent preparation are added to the staff, and the educational "know-how" of the college is utilized to better advantage by the teachers of the nursing program. Faculty speak of their "teaching approach" with varying degrees of sophistication. Most of them are quite realistic in their evaluation of their own progress and aware that superficial attempts to copy the approaches of others do not result in improved teaching. The mental exercise of thinking the process through is essential to implementing a strong teaching plan, be it traditional or progressive. The goal is competent instruction and effective learning, not adherence to the latest educational fad.

Barham's study identifies 19 teaching behaviors in effective teaching.[14] White has also critically examined the role of the teacher in the associate degree programs.[15] A review of the literature indicates that there is a need for more information in this area.

Searching for improved teaching seems to be as important as finding the answers. Searching for excellence motivates both faculty and students, and it is common to see new excitement and spirit develop in a program where creative and imaginative teaching is taking place.

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[14] Virginia Barham, "Identifying Effective Behavior of the Nursing Instructor through Critical Incidents." Unpublished doctoral dissertation. Berkeley: University of California, 1963. A summary of this study appeared under the same title in Nursing Research, Vol. 14 (Winter, 1965), 65-69.

[15] Dorothy T. White, "Abilities Needed by Teachers of Nursing in Community Colleges," The League Exchange, No. 56. New York: National League for Nursing, 1965.

Chapter 5

the Curriculum

The curriculum is developed to fulfill the program objectives, the college requirements for graduation, and the state requirements for eligibility to take the registered nurse licensing examination.

As the curriculum in nursing develops, it becomes characteristic of the college, the faculty, the students, and the community. No two curriculums are exactly alike, although all observe the general guidelines and all meet the requirements set by state laws and regulations. A stereotyped curriculum would smother creativity and violate the philosophy of the community college. Individuality indicates the strength and versatility of the programs of nursing in a local setting.

The materials in this chapter illustrate the far-reaching importance of careful program planning. The results are obvious in the smooth operation and fine quality of a successful curriculum.

Requirements for the Program

The planning of a curriculum in nursing in a public college is not entirely elective and original; certain required components form an arbitrary framework:

- State law requires certain courses for citizenship development and personal development.
- The state nursing board may set certain minimum standards in curriculum content or duration.
- The local college has some basic graduation requirements for earning the associate degree.

Within these requirements, the particular program in nursing develops. The curriculum expresses a philosophy and objectives which are an extension of those of the college. The curriculum provides a logical sequence, sets a reasonable student load for each term, and assures effective use of teaching personnel.

State Requirements. In California, the requirements for eligibility to take the state board test pool examination leading to licensure to practice as a registered nurse are stated in *Laws and Regulations Relating to Nursing Education--Licensure--Practice*, published by the Board of Nursing Education and Nurse Registration. Interpretation of these requirements is available from the Board through its consultant staff. There is no fee for this service to schools of nursing in California.

The Board of Nursing Education and Nurse Registration has three offices:

Main Office: 1021 O Street, Room A-290, Sacramento 95814
Telephone number: (Area Code 916) 445-3821

Branch Office: 30 Van Ness Avenue, Room 2100, San Francisco 94102
Telephone number: (Area Code 415) 557-3597

Branch Office: 107 South Broadway, Suite 7117, Los Angeles 90012
Telephone number: (Area Code 213) 620-4200

College Requirements. The same processes of curriculum approval are followed for the nursing curriculum as are for all college curriculums. The faculty in nursing are oriented to the steps and regulations of curriculum approval and the resource persons available. The faculty develop the initial general plan, conferring with the appropriate resource persons. The dean of instruction is usually actively involved, providing guidance and a contact with the administration.

The length of the program and the total credits in the nursing curriculum are consistent with the general requirements for the associate degree and state requirements. There is also a balance between general education and nursing education.

College-level biology or chemistry, if required of nursing majors, would make the nursing curriculum too long. Prerequisites for the college life science courses usually are waived for students of nursing who have had high school chemistry with laboratory work.

Building the Curriculum

The privilege of visiting other colleges with nursing programs or of receiving assistance through a resource person is an important potential aid to quality in the developing program. Visits were used effectively in California when programs were actively seeking ideas as to the best way to plan or implement the curriculum.

Curriculum Content. The curriculum includes content in nursing, natural sciences, social sciences, humanities, and communication, which contribute to the students' continued development as nurses, as citizens, and as individuals. The nursing course provides learning experiences in the areas of medical, surgical, pediatric, maternity, and psychiatric nursing. The curriculum is developed and revised through joint action by the nurse-faculty members and, when appropriate, through consultation with other college faculty members, committees, and administrative personnel. The objectives of each course reflect the objectives of the curriculum and are agreed upon, stated in written form, and periodically reviewed by the faculty. Montag recommends the faculty reserve one-half day each week for curriculum study.[1]

Provisions are made for the students to study general education courses and nursing courses concurrently during both school years. The sequence of general education courses and nursing courses is ordered so that acquired learning may be applied in subsequent courses. Some schools offer an integrated course that is not developed as a transfer course. This does not mean it is of lesser quality; rather, it gives an introduction to several sciences and correlates quite well with the nursing curriculum.

Historically, the most common sequence of nursing courses has been to start with simple medical nursing (fundamental); then to combine medical and surgical nursing; then, in various sequences, to teach the care of sick children, care of new mothers and infants, and care of the mentally ill, often returning for a final experience in medical-surgical nursing on a more complex level and with a focus on developing the ability to grow, in self-image and in skill, from student to practitioner.

All of the associate degree programs in California are varying the historical pattern to a greater or lesser degree. One plan is to combine medical-surgical nursing with pediatrics for two main reasons:

- The nursing care is similar in many cases, except for growth and developmental adjustments. Ill persons often have a period of regression to childlike dependence, and children have medical-surgical problems.
- Clinical experience in pediatrics is often hard to find in sufficient quantities to support a separate course. Another plan is to combine obstetrics and pediatrics in the "maternal and child health" approach.

In interviews with faculty groups, the most commonly mentioned curriculum content progression patterns were from "normal" to the "abnormal," from the simple to the complex, and from the known to the unknown. Interpreted in actual content progression, this might mean, for example, going from the study of promoting normal health to nursing care in acute illness or going from simple, common, "household" nursing functions to the complex techniques of nursing arts and science.

Another progression is based upon human growth and development. This sequence may be entered at any point, from infancy to old age, which seems most reasonable and practical to the faculty.

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[1] Comments of Mildred L. Montag at the Curriculum Workshop, College of Marin, Kentfield, Calif., March, 1965.

Some faculties choose the chronological progression, beginning with conception. (Studying the unborn and newborn child may necessitate including new mothers, however, which complicates the purely chronological approach, since the mothers are at a different point of development.) An additional rationale for starting at this point is that birth is essentially a normal process and a phase of health rather than disease, so the sequence begins with the "normal" state of health.

Other faculty groups choose to begin with old age, since the care of older persons includes many fundamentals of nursing. Still others prefer to begin with well children, possibly because students know from experience what this period is like. The cycle might also begin with the adult, with the idea that this group usually presents the basic medical-surgical nursing problems, providing a good background for the more specialized areas of pediatrics, obstetrics, and geriatrics.

There are arguments for and against starting at any of the possible points of the growth and development cycle. The important thing, however, is for a faculty group to decide together on a rationale and let it provide a logical organizing structure for course content. The health problems of age groups tend to vary, and this gives guidance as to what content to emphasize in developmental sequence.

One of the principles faculties are using to organize the curriculum is that of patients' human needs, as they require the involvement of the nurse during illness. Common human needs include food; rest and sleep; elimination; personal hygiene; comfort; exercise; communication; emotional experience and expression; intellectual, esthetic, religious, and recreational activities; and others which various schools of thought suggest. The role of the nurse in helping patients to satisfy these needs during a time when they are partially or entirely dependent is one approach to curriculum content.

A related organizing pattern is based on "nursing care problems."[2] As interpreted by some nurse faculty, nursing care problems include human needs but also focus specifically on body functions in abnormal physiological states and the nursing care and nutrition that apply to these problems.

Aspects of stress effects on the human organism are also part of some curriculum organization patterns. Students are helped to identify sources and effects of stress and to provide nursing care which will help promote the equilibrium of health which illness had disturbed.[3]

A few curriculums are still disease-centered or diagnostic-category-centered, such as medical, psychiatric, surgical, obstetrical, and pediatric. All curriculums, no matter what their organizational approach, seem to be preparing students to become competent graduates. Most faculty groups are not satisfied that they have found the best plan for their curriculum. As they progress, they see new possibilities, and a change in one area often leads to changes in others. However, faculty who are exploring new patterns and using an imaginative and creative approach seem interested and united as a group.

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[2] Faye G. Abdellah and Others, Patient-Centered Approaches to Nursing. New York: The Macmillan Company, 1960.

[3] Dorothy E. Johnson, "The Significance of Nursing Care," The American Journal of Nursing, Vol. 61 (November, 1961), 63-66.

Course Content. The beginning course may involve any clinical content area. One college begins with the postpartum care of new mothers; another with the well child. Several begin with the aged, and many with the routine care of the moderately ill or convalescing adult. The one area all schools seem to avoid for beginning students is the care of critically ill patients whose welfare depends upon expert nursing. Most curriculums combine nursing theory and techniques with related diet therapy, drug therapy, aspects of emotional support, health teaching, rehabilitative methods, and an understanding of disease process and pathology, rather than teaching these separately. Anatomy, physiology, and microbiology are taught as related general education courses.

Of 32 programs, 15 offer a specific course in normal nutrition in addition to integrated diet therapy. Four give a separate course in the psychological aspects of growth and development. The majority of the programs teach some operating room skills as well as the concepts of surgical and medical asepsis. Some faculty members find that there are many general objectives which can be met in this nursing role, contributing to other areas of nursing competence.

It is increasingly common to have the psychiatric "master" teacher assist in teaching in other course areas or serve as a resource person so that mental health concepts are incorporated into the students' nursing theory from the beginning. This is an example of the approach of shared principles and commonalities by which applications of basic concepts are repeatedly developed to assist students in the transfer of learning. For example, anxiety has some common effects, whatever its setting. A fever has related symptoms, whatever the diagnosis. The management of pain has a basic methodology although treatment varies with the cause and the situation. Nursing care based on understood principles can be transferred to new situations.

No criteria for determining too much or too little content have yet been established. A content analysis related to the objectives may reveal that faculty are teaching all they know rather than what the student needs to know in order to function as a staff nurse. It is important to identify where the responsibility of the college ends and where the responsibility of the employing agency begins. Hospital orientation and inservice education programs will develop in direct relation to the hospital's understanding of its responsibility for the continuing education of the associate degree graduate.

The Clinical Experience. The need and arrangements for clinical experiences as an integral part of nursing education can affect the quality of the program, its economics, its legal aspects, and even some of the planning for and programming of general education courses in which these students are enrolled.

Available facilities exert a considerable influence on the kinds of experiences that are included in the curriculum. It is unlikely that any one hospital can adequately provide all of the necessary learning experiences, so more than one hospital is used. In providing adequate learning experiences, it appears logical to look beyond the hospital; convalescent hospitals, mental health clinics, day treatment centers, out-patient departments, and nursery schools can provide excellent learning experiences. Students must be prepared today to work in nursing tomorrow with all of it's changes.

The limitations of clinical teaching resources may also affect the planning of the curriculum. If an agency is distant, for example, it may be necessary to offer clinical experience during a school term when students can live temporarily in a different location or have time to commute. If no other courses can be taken during this term, a summer session is usually used for clinical practice. The Board of Nursing Education and Nurse Registration has provided for flexibility in meeting clinical practice requirements in some areas, such as psychiatric nursing.

Another problem occurs when the local clinical facilities are limited for clinical practice in some content area. It may be impractical to assign all the students of a nursing class to these facilities at one time. Some special teaching techniques will need to be used, or the student group will have to be sectioned and assigned to go in smaller groups.

Some skills can be taught away from crowded clinical facilities: vital signs, aspetic technique, use of equipment, and medication skills. Hospital instruction should be limited to those skills that require patient contact. Clinical assignments should be arranged so that clinical instruction is given by the faculty responsible for teaching the theoretical content. Theoretical content should be taught or supervised by the faculty member with a specialty in this area.

If learning experiences cannot be found, it would be wise to reexamine the objectives of the program. Lengthy laboratory assignments may be a waste of time from a learning point of view. Is it possible to teach or learn for a full eight-hour period? Faculty often feel that an eight-hour day in the hospital is essential preparation for employment; yet, is this not assuming the responsibility of the hospital's orientation program? Such practice on the part of faculty may cause hospital nursing service to reexamine the need for an inservice education program.

When the program is put into operation and implemented, details become important. One example is the problem of clinical teaching on Monday. Student clinical learning experiences are obtained in a complex, rapidly changing hospital setting. Usually their assignments would be selected the previous day to ascertain that the assignments will be appropriate and the teaching situations available. Of course, no faculty members wish to select assignments on Sunday, so the obvious alternative is to use Monday for other activities: theory classes, faculty meetings, committee work, and the like. Other alternatives include clinical practice on Monday afternoons, or planning observation experiences which do not require detailed, individualized, patient-care assignment. Clinical practice usually is confined to Tuesday through Friday.

Occasionally, it is suggested that the head nurse select the assignments according to a guide provided by the teacher. This supposes that the head nurse has an educational preparation for teaching and knowledge of individual student needs, which is not likely to be the case. It also amounts to the delegation of a function which is the teacher's sole responsibility and for which she is receiving teacher-load credit.

Scheduling of Classes. The programming of students is another problem which has a very important influence on the quality of their total education. One of the major advantages of educating nursing students in a college setting is the opportunity to meet and work with students and faculty outside nursing. Yet, the very nature of the curriculum in nursing works against this unless care is taken. One solution is to ask the college counselors who work out the daily class schedules to save a certain number of places for nurse students in each general education class hour which the nursing major students would be free to attend. This may seem like extra work for the programmers, but quality education is the business of the college and the benefits to students are obvious.

Planning for Student Travel. The last example of technical aspects of program planning illustrates the influence which planning can have on the use of time, facilities, and even the fine points of student safety. Without sacrificing educational goals, it seems best to schedule clinical practice and college campus classes in a way which reduces to a minimum the number of trips between the hospital and the college. Traveling back and forth takes time and increases the possibility of traffic injuries. Although California students seem to be a "generation on wheels," with little need for help with transportation, it may be wise to allow travel time by school bus or public conveyance. Then, if students use other means of transportation, they do so by choice, not necessity. A simple solution is to have students begin clinical practice at the hospital, if there is clinical practice that day, and return to the college for afternoon classes, limiting travel to one trip.

Another travel consideration is the question of evening or night clinical experience, which is most likely to come up in seeking emergency room or delivery room experience. Requiring women students to travel to and from a hospital at night may be a problem of legal importance. A school bus or car pool may solve the problem, or the class may be made elective, or temporary accommodations at a hospital residence may be available.

Chapter 6

the Students

The policies in effect for students in the unit in nursing are those in effect for all students enrolled in the college, with such applications and adaptations as are normally made in view of the differences in the types of education in the various units.

Factors Related to Admissions

Academic standards in both general and nursing courses must be set in keeping with norms of the college. Although there is a wealth of applicants, qualified applicants may be limited in some areas. There is a need for screening devices which are not time-consuming, but which allow those able to profit from this education to pursue it. Concern relates to two questions:

- Can the individual do college-level work?
- Is the individual motivated to become a nurse?

A study by Derian[1] of indications of probable success in junior college nursing programs included the following findings, based on the records of 366 students:

- The high school grade point average is a better indicator of success than the scores on a scholastic aptitude test.
- On scholastic aptitude tests, the composite score is a better predictor than the subscores.
- Being over 21, being married, or having successful previous college work all increase the probability of success.
- A poor risk is any student who is single, less than 22 years of age, with no previous college work, and less than a 2.8 high school grade point average. Only 12 percent of these students succeed, and they represent almost half of the program attrition.

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[1] Al Derian, "Cost and Utility in Reduction of Scholastic Attrition in Associate Degree Programs in Nursing," Junior College Journal, Vol. 33 (September, 1962), 25.

- The worst risk is the student who is single, seventeen to eighteen years of age, with a high school grade point average below 2.8, and a scholastic aptitude score below the fiftieth percentile on freshman norms, and who has had no previous college work.

Counseling, Interviewing, and Screening Students. The philosophy of the college administration, counseling staff, and faculty ultimately determines the admissions procedure.

The admissions and screening processes used for applicants for the program in nursing should be as nearly like the regular procedures of the college as is compatible with the best results. An admissions committee is sometimes advisable to provide a variety of opinions.

These are some specific needs which should be kept in mind:

- Tests and screening processes should be scheduled and carried on early enough for the class to be admitted by the deadline. "Early enough" often means the spring semester before students enter in September. Enough time must be allowed for health standards to be met, including inoculations, uniforms to be fitted, and, if required, interviews to be completed before the class is closed.

- Nursing students usually have closely focused interests, and they wish specific counseling. It is helpful if the nurse faculty and the counselors can work closely together in recruitment, counseling, admissions, and student personnel services. In this way, students benefit from the skill of a counseling staff and the career-guidance "know-how" of the college nurse faculty. Working together at this point also establishes channels for cooperation in continuing counseling throughout the program. Many schools are using a group counseling session as part of the admissions procedure.

As the program progresses, a study of student failures and withdrawals may provide valuable guidelines for admission and promotion policies. Another helpful study is to identify those who were considered marginal and determine how they performed in the program. The wise use of data over a period of years should produce objective, realistic guidelines for the acceptance or rejection of applicants. Individual programs have a wealth of data at hand relative to test scores, transcripts, and the like. Follow-up studies on graduates serve as another source of valuable information.

Policies for Admissions Based on College Criteria. There should be no duplication of services or additional requirements. Faculty and administration of the junior college continue to be interested in improving policies and procedures for screening applicants and admitting students. The integrity and success of the program are deeply influenced by the care taken in this process. Some of the tools used to determine student ability and potential include the following:

- The high school transcript, showing ability to carry college preparatory work and grades of C or better in these courses, as stipulated by the college

- Student eligibility for the nursing licensure examination on graduation from the associate degree program (Some states have age, citizenship, or other requirements.)
- Certification of satisfactory health and required immunizations
- General indications of emotional fitness and personal aptitude (Psychological tests are not screening tools. They should be administered only by a psychometrist or psychologist. Test data should be used only with skilled supervision, and then usually only for counseling rather than admission screening.)
- Indications of academic ability (The most commonly used tests are the American College Entrance (ACE) and the Scholastic College Abilities Test (SCAT). Additional tests may be given for reading, English, science, mathematics, or social science achievement evaluation.)

  Usually the required scores on these tests are modified by other evidence, such as the high school record, the applicant's age (older persons tend to be better risks), and the combination of all scores, if a variety of academic ability tests are used. Colleges work out a tentative minimum scale for the success of their own student group in lower division work and apply this scale with judgment. Realizing that this program is not intended to fulfill the needs of all students, selectivity based on the objectives of the program is essential.

Factors Related to Enrollment

Additional Programs and/or Enlargement of Present Programs. Basic to the characteristics of an expanding enrollment in the associate degree programs are the facts that the number of programs is increasing; that, as the programs develop, they tend to increase their admissions; and that, as they reach into new geographical regions, they are able to recruit additional students. The associate degree program's relative place among the state's nursing education programs is indicated in Table 2.

Table 2
Basic Nursing Programs in California
1964-65

Type of program	Number of programs
Associate degree (two in planning year)	32
Diploma	18
Baccalaureate degree	15
Total	65

Table 2 indicates that California's junior colleges have become important members of the nursing education system. Junior colleges hope to serve where an associate degree program is needed in cooperation with other types of nursing programs in the state, all programs working toward mutually shared goals.

The Number of Teachers Available. The number of teachers available has a direct effect on the total enrollment possible under present conditions. Although enrollment of students in California associate degree nursing programs has increased 153 percent since 1960,[2] further expansion cannot exceed a desirable student-teacher ratio. Associate degree and diploma programs report one faculty member to approximately ten enrolled students. Baccalaureate degree programs in nursing may have a somewhat smaller number of students per teacher, but their curriculums in supplementary and graduate nursing may account for some faculty time. In any case, an overall figure of one teacher for every ten students is a conservative estimate.

Recruiting Students from the Community. Biographical data indicate that older women, mothers of school-age children, men, and persons who were interrupted in their nursing education can be encouraged to move again toward a nursing career.

Factors Related to Attrition

Associate degree programs can be expected to have a higher attrition than the diploma and baccalaureate programs, because the student population is more heterogeneous and the basic philosophy of the junior college is to accept all who seem likely to profit from the program. This means that although there is screening for admission, opportunities may be given in junior colleges to students who might not enroll in the other programs. Some of these students will either change their majors or find the nursing curriculum does not meet their needs or abilities. Even so, reducing the total attrition to a reasonable level is highly desirable for purposes of student morale and effective use of faculty.

Learning the Reasons for Withdrawals, Readmissions, and Transfers. Data on attrition and reentry into California's programs in nursing were collected by the Board of Nursing Education and Nurse Registration during the Project. The attrition rates for programs were grouped into three categories to show colleges with low, middle, and high rates. The most significant common characteristic of colleges having the lowest attrition averages seemed to be the active personal involvement of the program director in screening and counseling students. Individual schools need to study the problem of attrition in order to understand what works best for them.

With few exceptions, reported reasons for attrition have remained fairly constant over the years. The adjective reported is important here, because reasons given may not always represent the real reasons.

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[2] Appendix E, Enrollments and Graduates.

Table 3

Reported Reasons for Withdrawal from Nursing Programs in Percent of Occurrence, 1959-61

Reported reason	Percent in associate degree programs	Percent in diploma programs	Percent in baccalaureate degree programs
Scholastic failure	40.0	33.0	37.0
Marriage	7.8	16.0	7.5
Change of major	6.5	3.5	12.0
Poor health	8.6	7.0	3.5
Dislike of program	4.5	10.5	2.4
Pregnancy	8.0	6.0	3.0
Family reasons	7.5	4.0	5.5
Lack of aptitude	5.5	8.0	3.2
Financial reasons	6.0	5.5	2.0
Transfer to a nursing program elsewhere	2.6	3.0	2.6
Other	7.0	10.0	26.0

The low percents of reported "financial reasons" are interesting. Do these figures indicate that better financial assistance is available, or do they indicate that students need less financial assistance than they used to? Or do they mean that this cause is given less often but nonetheless underlies other causes? The latter philosophy is especially likely in associate degree programs in which 33 percent of the students work at least part time. Consequently, they often have problems in finding time to study, which may cause them to report "scholastic failure" instead of "financial reasons" as the cause of their withdrawal. Individual schools may find that an investigation of the amount of employment attempted by students who are failing will indicate some of the problems involved and point the way to a possible remedy.

The prominence of the "other" category in reports from baccalaureate degree programs indicate that this term is being used synonymously with "unknown." "Other" was originally intended to cover infrequent causes for attrition which would not fit into any of the other ten categories. Actually, it has been used to label all losses which are not defined as to cause. This lack of knowledge about student reasons for leaving is consistent with the more detached status of students in four-year colleges and universities. The faculty may have no contacts which would give them actual reasons for student losses, especially in the lower division. Studies of attrition causes seem to be of more value in associate degree and diploma programs, where the causes are much more likely to be known and noted.

Of all reported causes, scholastic failure is the most common cause of attrition. This is natural, but it also emphasizes the continuing importance of realistic admission screening, help with study habits, constructive distribution of student load throughout the program, and the balancing of academic demands with the educational objectives of the program.

Approximately one-fourth of student attrition in each of the types of programs in nursing is balanced by student transfers to another program in nursing or readmissions after having once left. This has been a fairly constant ratio over four years. It may be, then, that for some students apparent attrition is only an interruption, because some students do return to nursing education and usually graduate. The most likely causes for interruption seem to be those related to a woman's role--marriage, pregnancy, and family responsibilities. Since women tend to return to their career fields later in life when family needs change, it may be important to encourage those who leave the programs to keep a return in mind as a future possibility and a normal pattern. Another interruption may be the result of a planned extension of the program due to personal reasons.

Relating the Cost of Attrition to the Faculty-Student Ratio. Student withdrawal or failure is important in terms of human values. It is also important to the college economically. The necessity for fairly small laboratory groups limits the total class size. When many students leave, the faculty is left at midsemester or midyear with too few students, and this adds to the cost of the program. Most colleges study their first-semester attrition rate and overenroll proportionately at the beginning of the second. This practice should be adopted only with caution and with a plan for covering the teaching load in the happy event that the losses do not occur. During the period of highest student numbers (usually the first eight weeks of the first semester), it may be possible for a part-time teacher to take a first-year laboratory section to relieve the pressures until normal attrition reduces class size.

Factors Related to Student Services

The Counseling Services of the College. Counselors or faculty representatives may assist potential students by "Career Day" talks on nursing and preenrollment counseling about college and the program in nursing.

Counseling should be an on-going process for improving the effectiveness of selected students. Faculty members should have open communication with the college counselors in order to ensure a continuity of effective counseling following admission. Often the small class size and close contact with the faculty in nursing cause students to turn to their teachers for much of the guidance and counseling they need. Teachers have unusual opportunities for getting to know students well and helping them with their problems and plans.

The College Battery of Tests. A battery of tests is usually given in the school term preceding enrollment. These tests should emphasize academic ability, communications, and quantitative abilities. The results are used in screening for admission to nursing.

The Health Examination. If a student appears academically eligible for admission, a health examination is required. Usually the college physician or a private physician examines students. Students should be made aware of other requirements of extended campuses on admission to the nursing program; e.g., nose and throat culture prior to obstetrical experience.

Health services vary among colleges. Some schools test sight and hearing and provide care only for emergency first-aid to students. Others have active programs of health teaching, counseling, and student follow-up.

Malpractice insurance is available through membership in the Student Nurses Association. Some schools require such insurance coverage.

Programming for Classes. Counselors program the students for classes. As previously suggested, there may be a special reservation of spaces for students of nursing in general education classes to assure a mixed class.

Student Scholarships and Loans. Funds are administered by the usual college services. Recipients usually are designated by the nurse faculty with advice and approval of counselors.

Student Records. This responsibility relates to the needs of the college, the licensing agency, and the clinical areas.

1. College Records. The record of the student's registration is the beginning of the final transcript. As work is completed, the records show course credits and grades. College policies of scholastic achievement are enforced by a review of records of student work. In the nursing programs, it is common to require a minimum grade of C for every course prerequisite to the next term's work. This means special processing of the nursing students' records, with notices sent to the nursing department's chairman of any D or F grades.

   The student's final transcript has to be submitted to the Board of Nursing Education and Nurse Registration before the student is eligible to take the State Board Test Pool Examination for licensure. The records must be complete and clear and give evidence that all requirements were met for the associate degree as these were identified at the time the program was accredited.

2. Enrollment Data. Records of admissions, enrollment, graduation, and attrition should be kept for each class. These data will be requested by

legal and professional agencies and also will prove useful for individual program studies or total college studies.

3. Health Records. In addition to the initial health services which may be used during the screening process, there may be further need for the nursing program to:

    a. Follow up on illnesses or recommended treatment which must be certified to for eligibility for clinical practice

    b. Keep records, including immunization records, and send proof of health to clinical agencies

4. State Board Test Pool Examination Records. These are important in evaluation studies of the total admission policies and the curriculum. Achievement scores in the State Board Test Pool Examination should not be used for comparative studies with other programs, since this tool is limited in its application to levels of success in nursing. Some failures may be expected in the State Board Test Pool Examination if a broad base of admissions is college policy.

Student Activities. Nursing students should be encouraged to participate in student activities. This means giving attention to any conflicts that may result from the scheduling of clinical practice hours and the time of college assembly or club hours. Students of nursing usually join the student body association of the college and the local school chapter of the State Student Nurses Association. They may become queen contestants or cheer leaders, play in musical groups or sing, serve as student body officers or council members, and often take leadership in college service activities. They may help raise funds for college projects and join social clubs.

Factors Related to Biographical Data

Each fall for four years (1959-62) biographical data on students entering the associate degree programs in nursing in California were gathered by the Board of Nursing Education and Nurse Registration and the Bureau of Junior College Education. One-third of the enrolling students were over twenty-one years old. In the overall junior college student body, about 47 percent were over twenty-three, and 16 percent were over thirty, an age range quite similar to that of the students of nursing. A somewhat larger proportion of students of nursing were married--34 percent compared to 23 percent of the general college population. Approximately 5 percent of the students were men. Over this period of time, the attractions of the associate degree nursing program seemed to be its length, cost, type and quality of the program, and community location.

Factors Related to the Graduates

Number of Graduates. Board of Nursing Education and Nurse Registration data related to graduates of basic programs in nursing in California who successfully passed the State Board Test Pool Examination demonstrate that the goal of the associate degree program to increase the supply of competent registered nurses is being realized.[3]

The total number of graduates for the 1962-63 year was slightly less than it had been for 1960-62. The major reasons were a phasing-out of several diploma programs and very small growth in the baccalaureate program due to the temporary effect of two programs having lengthened their curriculums. Marked future increases in the number of graduates will probably depend on expansions of the existing programs and the development of numerous new programs. The shortage of faculty is an important consideration in the choice between expanding existing programs or creating new programs. It takes more faculty to staff entirely new programs. The limitations of clinical facilities also influence the initiation of new programs, as well as the expansion of existing programs.

Follow-up Studies. The faculty in nursing accept the responsibility for follow-up studies as realistic bases for curriculum evaluation. The effectiveness of instruction is demonstrated not only by the knowledge and skills exhibited by the students, but also by the percent of graduates who alleviate the shortage of nurses by accepting employment as nurses and by their contributions to the health fields.

A characteristic of the associate degree programs has been the development of a system of evaluation techniques and processes which has gone beyond the licensing scores and inquired into the performance of graduates as practitioners. In addition to the six-year study conducted by the Board of Nursing Education and Nurse Registration at the time of the Project, each college followed its own graduates in a variety of ways; e.g., by encouraging them to write back about their experiences; by talking with local employers; by observing graduates at work in the nearby hospitals; and by obtaining reports from patients, doctors, and other nurses. It is expected that each college will continue its own studies and develop further its own evaluation relationships and communications with employers and graduates. Information obtained from the follow-up of registered nurse graduates is one of the most realistic guides for curriculum evaluation.

Licensure by Examination. Graduates of the associate degree program in nursing take the standard licensing examination for registered nurse licensure. This examination is administered nationwide, and the questions used are submitted by selected teams of nurse-educators. The questions are edited, tested, and validated by a national research staff and reviewed by state boards of nursing. Standardized scores are developed by testing pilot groups of graduates before the examination is used for licensing purposes.

Licensure by Endorsement in Other States. All states have specific requirements for licensure by endorsement (reciprocity). The trend is toward acceptance of graduates from any educational program in nursing who meet the education requirement rather than a time requirement.

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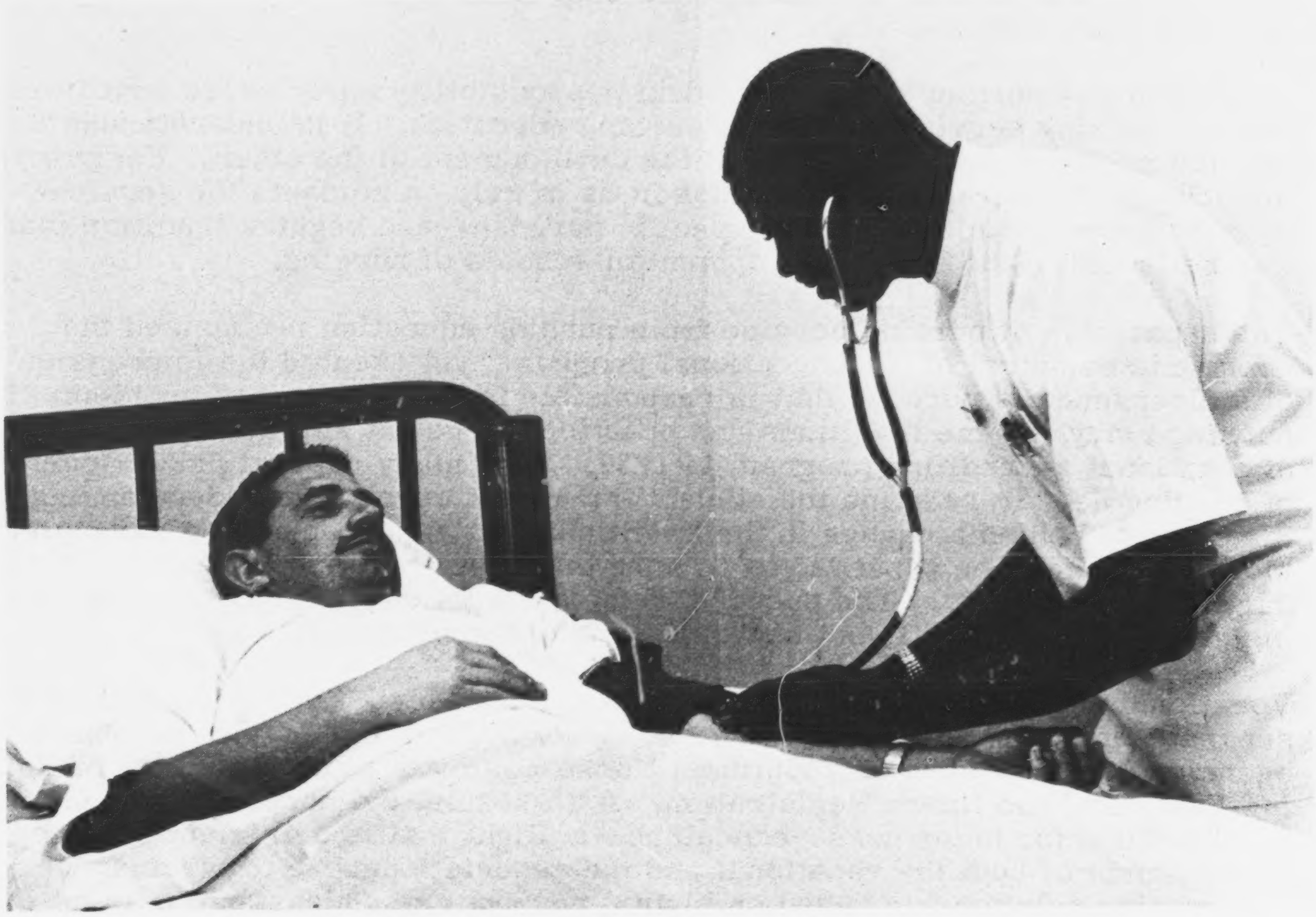
[3] Appendix E, Enrollments and Graduates.

Periodically, since 1958, surveys have been made of the regulations and policies of the various states in relation to licensing the graduates of associate degree programs in nursing. The most recent study was conducted by Mrs. Helen Bowman and summarized by Wilma Hiatt. The responses are summarized in the appendix.[4]

Another source of information is a recent publication of the National League for Nursing which identifies college-controlled programs in nursing education leading to an associate degree. States with associate degree programs will have provision for licensure.[5]

Employment. Data obtained from the evaluation study conducted during the Project demonstrated that a slightly higher percent of the associate degree graduates are employed than is the state average and that better than 80 percent of these graduates performed as well as most graduates of equal work experience.



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[4] Appendix F, State Licensing Regulations.

[5] "College-Controlled Programs in Nursing Education Leading to an Associate Degree," Code No. 16-871, prepared by Department of Diploma and Associate Degree Programs (New York: National League for Nursing, 1964).

Chapter 7

Conclusion

The college administrator who wishes to develop an associate degree program in nursing must become familiar with the history, traditions, and problems of the field of nursing education. As he comes to appreciate the influences on the nursing profession, he will also develop an understanding of the emphasis on careful planning and study.

The history of nursing reveals the dual responsibility early nurse educators had for nursing service as well as nursing education. It is understandable that the needs of the one influenced the development of the other. Early training schools for nurses permitted hospitals to rely on students for service--in fact, were organized for this specific purpose--and began a tradition that was reflected in the later development of schools of nursing.

The separation of nursing service from nursing education recognized the appropriate control of the educational program, yet created the impression of a divergence of purpose that is responsible for another set of problems in nursing today. Some traditions and practices were put aside with the advent of a national accrediting program in 1950. Yet, many current practitioners of nursing need to redefine the student's role and develop an understanding of the purpose behind a change in the traditional pattern of educating nurses. Much effort must be expended to be sure that all groups interested in nursing have this opportunity. The success of the associate degree program in nursing depends on an intelligent understanding of the program.

Vocational nursing also developed in the junior college. In California, two separate licensing agencies conduct separate accrediting services. These agencies are the Board of Vocational Nurse Examiners and the Board of Nursing Education and Nurse Registration. As a result, the nursing curriculum is ill defined for many nurse-educators--a plight that is detrimental to the development of both the vocational and the associate degree programs. A cooperative relationship based on mutual respect and understanding is essential to the full realization of each program's potential. The delegation of responsibility in nursing is based on the premise that the registered nurse is well acquainted with the preparation of the other workers. Groups that have limited communication have a limited understanding of the educational program and legal responsibilities of one another. An administrator needs to be aware of this lag in understanding, give equal consideration to each program, and clearly identify the need for cooperative planning.

The multiple approach to the education of professional nurses led to a dispute over terminology which had originated in the traditional concept of the nursing role. The controversy boiled over with the development of the associate degree program in nursing, but had been simmering around the diploma program since the development of baccalaureate degree education for nursing. The associate degree program was defined as a "technical" program by Mildred L. Montag in her doctoral dissertation. The American Nurses' Association has now redefined the "professional" nurse as the graduate of a baccalaureate degree program and the "technical" nurse as the graduate of a diploma or associate degree program. Despite this endorsement at the national level, the college administrator will soon realize this distinction has not yet been reflected in the laws which govern the licensure of professional nurses, nor has it been accepted by all nurse-educators.

Some educators place emphasis on transfer courses in general education; others believe the associate degree program is complete for its purpose and design a terminal curriculum. There is an increasing tendency to place the program in the technical-vocational division of the college and to complete the program within two academic years. Graduates who change their goals and wish senior college or university education in nursing are granted whatever advanced standing is appropriate, according to the policies of the institution.

A recent publication of the National League for Nursing presents an interesting report on the future of the nursing profession in the light of change affecting health care. This report is divided into sections on changes in the patient, the professional and service staff, medical care, nursing, and education.[1] It deserves the attention of those who wish to develop a broader perspective in nursing.

The associate degree program in nursing is now facing the issue of special accreditation for institutions of higher education. Baccalaureate degree programs and diploma programs subscribe to the National League for Nursing accreditation service. At this writing, associate degree programs are approaching voluntary accreditation on an individual basis. One program in California sought National League for Nursing accreditation to provide evidence of the quality of the program to legislators when a change in nursing legislation was proposed. The availability of federal monies is now linked to National League for Nursing accreditation, and this has been a concern of junior colleges across the nation. However, a wider comprehension and understanding of the purposes of accreditation is still needed. Condemnation will neither remove accreditation from the scene nor revise the stumbling blocks it presents to the junior college through its policies, procedures, and reflections on status. It is important that the college administrator tune in on the national scene, as well as follow developments within his own state. This issue will have implications for the associate degree program in nursing, no matter what the final outcome.

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[1] Perspectives for Nursing. Code No. 11-1166. Report of the Committee on Perspectives. New York: National League for Nursing, 1965.

Briefly, this is the soil in which the associate degree program in nursing has taken root. It is a time of change in the nursing profession; yet, the development of associate degree education for nursing has promoted fresh points of view. The Associate in Arts Nursing Projects sponsored by the W. K. Kellogg Foundation in California, New York, Florida, and Texas have left an educational legacy that is certain to become a milestone in the history of the profession.

Appendix A
STUDY OF CLOSED HOSPITAL SCHOOLS[1]

A questionnaire was sent to 14 hospitals whose schools of nursing had been discontinued since 1950. The inquiry was addressed to the hospital administrator, and the replies are assumed to represent the administrator's point of view. Twelve usable replies were received. Data received in the replies to the questionnaire follow:

1. Average age of school on closing: 54 years
2. Date last class graduated: Various years, 1950-1962
3. Average number of graduates per year: 21 (Range: 10-46)
4. Average percent of students from local community: 36 (Range: 11-80 percent)
5. Average percent of graduates employed by program hospital: 32 (Range: 15-50 percent)
6. Factors which mainly influenced closing:
   a. Eleven respondents mentioned operating costs.
   b. Seven mentioned difficulty in hiring faculty.
   c. One mentioned recruitment of students as a major and continuing problem. (This school closed in 1956.) Six others mentioned recruitment as a problem they had expected to meet in the future, although it was not a problem at the time of closing.
   d. Six mentioned need for additional facilities and reluctance to make this investment.
   e. Six mentioned the trend toward using colleges for nursing education and the desire to shift to this pattern.
   f. Two mentioned lack of retention of graduates as employees.
7. Current adequacy of nursing education resources:
   a. Five respondents said current facilities were educating enough nurses for their needs.

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[1] California Associate in Arts Nursing Project, Part II: Third Annual Report, 1960-1961. Sacramento: California State Department of Education, n. d.

   b. Seven said more facilities were needed. Of these, three recommended more new programs in area; three stated a need for more graduates from programs; and one stated a need for scholarship grants.

8. If a new program were to open in the locality, the desired type would be:

   a. Eight respondents preferred an associate degree program.

   b. Three chose a baccalaureate degree program.

   c. One preferred a diploma program.

9. Suggestions for measures to protect and expand existing programs and to encourage new ones included:

   a. Five respondents suggested alerting community to need for more nurses.

   b. Four suggested financial aid to potential faculty.

   c. Four suggested financial aid to the program.

   d. Three suggested assistance in recruiting faculty.

   e. One suggested arranging for articulation between the associate and baccalaureate programs (transferring credit between programs).

   f. One suggested interpreting to college the need to expand program (hire needed faculty).

   g. One suggested scholarships to students.

   h. One suggested that hospitals cooperate more actively.

   i. One suggested that hospitals be allowed to shorten their program.[2]

   j. One suggested support of university programs preparing faculty.

Briefly summarized, this study shows cost as the major reason for closing long-established hospital schools. Over half of the respondents felt there is a need for more educational facilities in nursing than we have now. Suggestions for encouraging new and additional facilities emphasized public information regarding need, efforts to recruit more faculty and students, and financial support to agencies educating students in nursing.

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[2] This is already possible, subject to approval of the Board of Nursing Education and Nurse Registration.

Appendix B
PRESERVICE PROGRAMS IN PROFESSIONAL NURSING

Associate in Arts Degree Programs

Bakersfield College, Department of Nursing, 1801 Panorama Dr., Bakersfield 93305

Cerritos College, Associate Degree Program in Nursing, 11110 E. Alondra Blvd., Norwalk 90651

Chabot College, Division of Nursing, 25555 Hesperian Blvd., Hayward 94545

Chaffey College, Department of Nursing, 5885 Haven Ave., Alta Loma 91701

City College of San Francisco, Department of Nursing, Ocean and Phelan Ave., San Francisco 94112

College of Marin, Registered Nurse Program, Kentfield 94904

College of San Mateo, Program in Nursing, 1700 W. Hillsdale Blvd., San Mateo 94402

Compton College, Department of Professional Nursing, 1111 E. Artesia Blvd., Compton 90221

Contra Costa College, Associate Degree Nursing Program, 2801 Castro Rd., San Pablo 94806

East Los Angeles College, Department of Nursing, 5357 E. Brooklyn Ave., Los Angeles 90022

El Camino College, Department of Nursing, 16007 S. Crenshaw, Torrance Post Office 90506

Foothill College, Department of Nursing, 12345 El Monte Rd., Los Altos Hills 94022

Fresno City College, Professional Nursing Program, 1101 E. University Ave., Fresno 93704

Fullerton Junior College, Division of Nursing, 321 E. Chapman Ave., Fullerton 92632

Hartnell College, Department of Nursing, 156 Homestead Ave., Salinas 93901

Long Beach City College, School of Nursing, 4901 E. Carson St., Long Beach 90808

Los Angeles City College, Department of Nursing, 855 N. Vermont Ave., Los Angeles 90029

Los Angeles Harbor College, Associate Degree Program in Nursing, 1111 Figueroa Pl., Wilmington 90744

Los Angeles Valley College, Department of Nursing, 5800 Fulton Ave., Van Nuys 91401

Merritt College, Department of Professional Nursing, 5714 Grove St., Oakland 94609

Modesto Junior College, Program in Nursing, College Ave., Modesto 95350

Mount San Antonio College, Department of Professional Nursing, 1100 N. Grand Ave., Walnut 91789

Orange Coast College, Professional Nursing Program, 2701 Fairview Rd., Costa Mesa 92626

Pacific Union College, Department of Nursing, Angwin 94508

Pasadena City College, Department of Nursing, 1570 E. Colorado Blvd., Pasadena 91106

Riverside City College, Division of Nursing, 3650 Fairfax Ave., Riverside 92506

Sacramento City College, Associate Degree Program in Nursing,3835 Freeport Blvd., Sacramento 95822

San Bernardino Valley College, Department of Nursing, 701 S. Mt. Vernon, San Bernardino 92403

San Joaquin Delta College, Division of Nursing, 3301 Kensington Way, Stockton 95204

San Jose City College, Department of Nursing Education, 2100 Moorpark Ave., San Jose 95112

Santa Rosa Junior College, School of Nursing, 3325 Chanate Rd., Santa Rosa 95404

Ventura College, Associate Degree Program in Nursing, 4667 Telegraph Rd. Ventura 93003

Diploma Programs

California Hospital, School of Nursing, 1414 S. Hope St., Los Angeles 90015

Glendale Sanitarium and Hospital, School of Nursing, 1509 E. Wilson Ave., Glendale 91206

Highland School of Nursing, 2701 14th Ave., Oakland 94606

Hollywood Presbyterian Hospital, School of Nursing, 4642 DeLongpre Ave., Los Angeles 90027

Kaiser Foundation School of Nursing, 3451 Piedmont Ave., Oakland 94611

Knapp College of Nursing, 2400 Bath Street, Santa Barbara 93105

Los Angeles County General Hospital, School of Nursing, 1200 N. State St., Los Angeles 90033

Mercy College of Nursing, 510 E. Lewis St., San Diego 92103

O'Connor Hospital, School of Nursing, Forest and DiSalvo St., San Jose 95103

Paradise Valley School of Nursing, 2575 E. 8th St., National City 92050

Providence College of Nursing, 390 Central Ave., Oakland 94609

Queen of Angels, School of Nursing, 626 Coronado Terr., Los Angeles 90026

St. Francis Memorial Hospital, School of Nursing, 900 Hyde St., San Francisco 94109

St. Joseph College of Nursing, 399 Buena Vista Ave., San Francisco 94117

St. Luke's Hospital, School of Nursing, 555 San Jose Ave., San Francisco 94110

St. Vincent's College of Nursing, 262 S. Lake St., Los Angeles 90057

Samuel Merritt Hospital, School of Nursing, Hawthorne Ave. and Webster St., Oakland 94609

San Jose Hospital, School of Nursing, 675 E. Santa Clara St., San Jose 95114

Baccalaureate Degree Programs

California State College at Long Beach, Department of Nursing, 6101 E. 7th St., Long Beach 90804

California State College at Los Angeles, Department of Nursing, 5151 State College Dr., Los Angeles 90032

Chico State College, Department of Nursing, W. 1st and Normal Ave., Chico 95926

Fresno State College, Department of Nursing, Shaw and Maple Ave., Fresno 93726

Humboldt State College, Department of Nursing, Arcata 95521

Loma Linda University, School of Nursing, Loma Linda 92354

Mount St. Mary's College, Department of Nursing, 12001 Chalon Rd., Los Angeles 90049

Sacramento State College, Department of Nursing, 6000 J St., Sacramento 95819

San Diego State College, Department of Nursing, 5402 College Ave., San Diego 92115

San Francisco State College, Department of Nursing, 1600 Holloway Ave., San Francisco 94132

San Jose State College, Department of Nursing, Washington Square, San Jose 95114

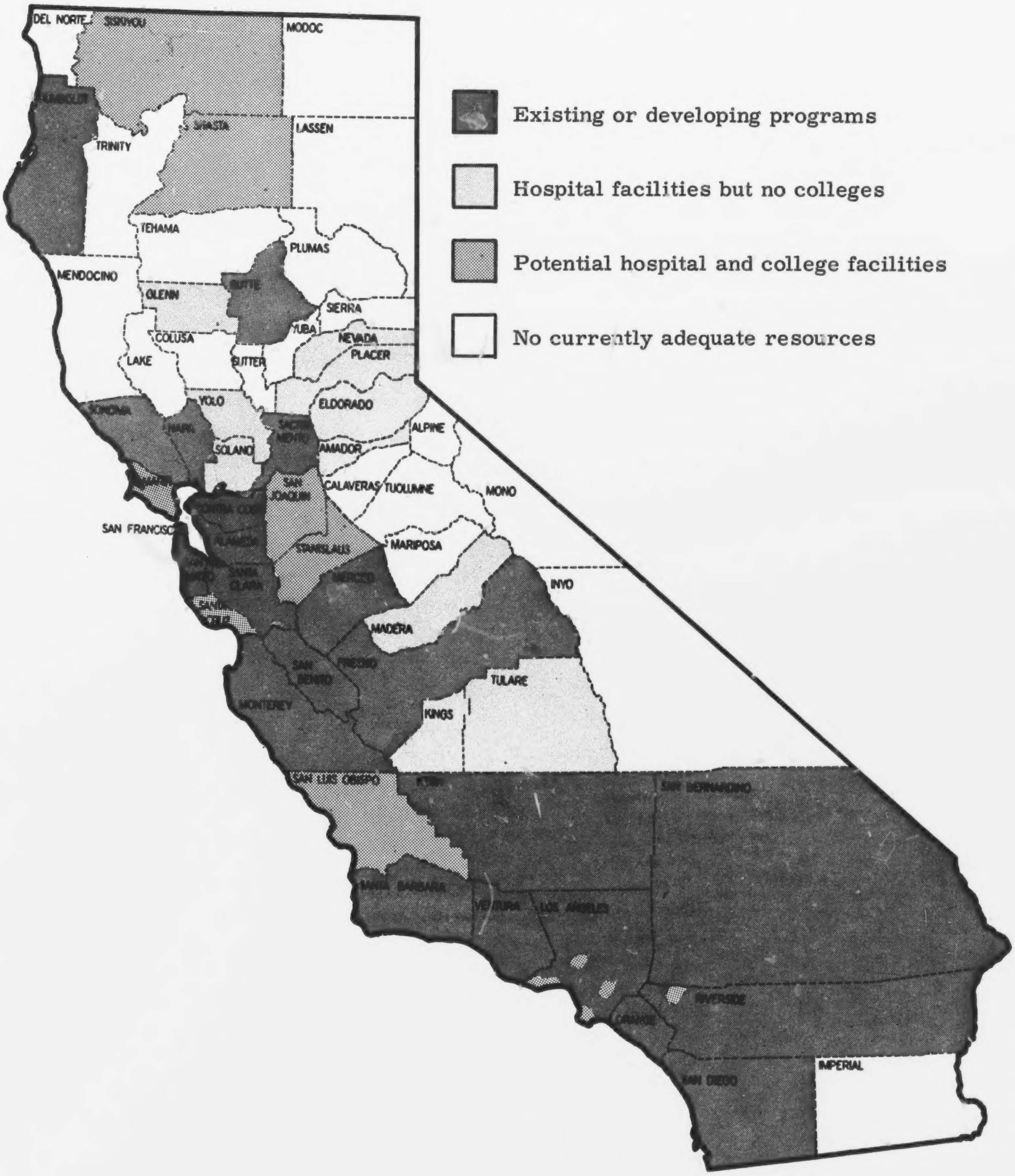
Stanford University, School of Nursing, Medical Center, 300 Pasteur Dr., Palo Alto 94304

The University of California Center for the Health Sciences, School of Nursing, 10833 LeConte, Los Angeles 90024

University of California, School of Nursing, Medical Center, 3rd Ave. and Parnassus St., San Francisco 94122

University of San Francisco, School of Nursing, Parker and Golden Gate Ave., San Francisco 94117

Appendix C
REGIONAL PLANNING FOR NURSING EDUCATION


Existing or developing programs
Hospital facilities but no colleges
Potential hospital and college facilities
No currently adequate resources
DEL NORTE
SISKIYOU
MODOC
HUMBOLDT
SHASTA
LASSEN
TRINITY
TEHAMA
PLUMAS
MENDOCINO
GLENN
BUTTE
SIERRA
COLUSA
YUBA
NEVADA
PLACER
LAKE
SUTTER
SONOMA
YOLO
ELDORADO
NAPA
SACRAMENTO
ALPINE
SOLANO
AMADOR
MARIN
SAN JOAQUIN
CALAVERAS
TUOLUMNE
MONO
CONTRA COSTA
SAN FRANCISCO
ALAMEDA
STANISLAUS
MARIPOSA
SAN MATEO
SANTA CLARA
MERCED
INYO
SANTA CRUZ
MADERA
SAN BENITO
FRESNO
TULARE
MONTEREY
KINGS
SAN LUIS OBISPO
KERN
SAN BERNARDINO
SANTA BARBARA
VENTURA
LOS ANGELES
RIVERSIDE
ORANGE
IMPERIAL
SAN DIEGO

Appendix D
SUMMARIZED APPARENT INTENT OF SAMPLE CONTRACTS

NOTE: Appendix D, including footnotes, is a direct quotation from California Associate in Arts Nursing Project, Part II: Fifth Annual Report, 1962-63, pages 9-13.

Part I - Basis and Purpose of the Agreement

"Whereas" Clauses

College and hospital acknowledge a public obligation to contribute to education for nursing for the benefit of students and for community needs.

College has established a program in nursing which requires the educational facilities of the hospital in clinical practice.

Hospital has clinical facilities suitable for the educational needs of the college program in nursing.

It is to the mutual benefit of both the college and the hospital that students have opportunities for clinical education as students and future practitioners.

"Therefore"

The following agreement is effected by the proper authorizing bodies of both parties, each in independent status from the other. The agreement is to be governed by the following general concepts of cooperative action:

Part II - Responsibilities and Privileges of the College

A. For the Program in General

1. College assumes full responsibility for offering an educational program eligible for accreditation by the State Department of Education and the State Board of Nursing Education and Nurse Registration.
2. College will provide the same quality of educational program in nursing as it does in all other curriculum offerings in the college.

B. Clinical Instruction

1. College will provide the necessary faculty for the nursing major who are both qualified teachers and competent registered nurse practitioners.
2. College nurse faculty will plan, develop, implement, and be responsible for all clinical instruction and evaluation of students.

3. College will provide an orientation period during which nurse faculty can become familiar with hospital policies, practices, and facilities before instructing students there.

4. College will develop a "Clinical Instruction Plan" for using the hospital's clinical areas to meet the educational goals of the curriculum in nursing. This plan shall be made available to the hospital at a mutually-agreed-upon time prior to the[1] beginning of the school term and subject to revision in instances where conflicts with hospital patient care responsibilities seem to exist.

5. Faculty will be responsible for learning and observing the policies and regulations of both college and hospital as they apply to the circumstances of clinical teaching.

6. Faculty shall have reasonable opportunity to serve as resource persons to the hospital staff in matters contributing to the quality of patient care, such as serving on nursing care committees and sharing knowledge as clinical experts.

7. College is responsible to assure that students assigned to the hospital for clinical instruction meet both college and hospital standards of health and have the academic ability to profit from the experience.

C. College Privileges

1. College has the privilege of regularly scheduled[2] meetings with hospital staff including both selected floor personnel and administrative level representatives for the purpose of interpreting, discussing, and evaluating the educational program in nursing.

Part III - Responsibilities and Privileges of the Hospital

A. General Responsibilities

1. Hospital will maintain the standards which make it eligible for approval as a clinical area for instruction in an accredited program in nursing.

2. Hospital will permit the faculty and students of the college to use its patient care and patient service facilities for clinical education according to a plan approved by the Board of Nursing Education and Nurse Registration. Details of such educational use may be modified to fit changing needs and will be described in the "Clinical Instruction Plan," submitted to the hospital Education Coordinator and reviewed prior to

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[1] In the contracts reviewed, the "prior time" ranged from a year down to two weeks in advance of action. Usually a semester in advance with verification four weeks before action was the pattern.

[2] The usual frequency of the meetings between college faculty and hospital staff is one meeting for each school term.

the arrival of students. It shall be mutually satisfactory to both the educational goals of the college and the patient care standards of the hospital.

B. Facilities and Supplies

1. Hospital will make available for educational purposes rooms or areas where groups of students may hold discussions and receive clinical instruction from the faculty:

   (Examples of facilities:
   a. Areas for demonstration of hospital equipment.
   b. Areas for pre- and post-clinical conferences.
   c. Desk space where the teacher can make clinical assignments and plans.)

2. Hospital will permit the educational use of such supplies and equipment as are commonly available for patient care.

3. Hospital will provide the following facilities and services to college students and faculty:

   (Examples:
   a. Reasonable use of parking areas, with assigned space for faculty.
   b. Locker and dressing areas to change into clinical garb.
   c. Same food services as are available to hospital staff.
   d. Emergency medical care to adults and to minors with consents on file.)

4. Hospital will provide access to sources of information for educational purposes:

   (Examples:
   a. Charts; nursing station references such as Kardex.
   b. Procedure guides, policy manuals.
   c. Standard clinical references such as Medical Dictionary, Diagnostic Tests, pharmacology references, and standard references suitable to the clinical area and care program.)

C. Staff Participation in Education

1. Hospital staff may participate in education on the request of the instructor. This may be in the roles of resource persons, clinical experts, or assisting in the planning and implementation of aspects of clinical education. Such participation will be voluntary and shall not interfere with assigned duties.

2. Hospital will designate a staff member who will serve as Education Coordinator for all educational use of the hospital facilities.

D. Hospital Privileges

1. The hospital may refuse educational access to its clinical areas to any college personnel who do not meet its Employee Standards for safety, health, or ethical behavior.
2. The hospital may resolve any problem situation in favor of the patient's welfare and restrict the student involved to the observer role until the incident can be clarified by the staff in charge and the instructor.

Part IV - Status of Students

1. Students will have the status of learners and will not replace hospital staff nor give service to patients apart from its educational value.
2. Students are subject to the authority, policies, and regulations of the college. They are also subject, during clinical assignment, to the same standards as are set for hospital employees in matters relating to the welfare of patients and the standards of the hospital.
3. Students will wear the designated costume in clinical areas.

Part V - Liability Status of the Contracting Agencies

Note: Various arrangements were noted in the sample contracts and these seem to be governed by the administrative nature of the hospital and by college district policies. Where the hospital is a government-administered agency, it is sometimes a legal necessity for students to be technically classified as "employees" and they may be given free coffee or lunch to achieve this. In other cases, the students may be classified as "volunteers" or professional trainees and meet legal requirements for insurance coverage. In California, in addition to the various coverages provided by the college for students and faculty and by the hospitals for students technically listed for insurance purposes as "employees, volunteers, trainees, internees, licensees," or other designations, there is available malpractice insurance protection for individual students and teachers, if they are members of the student nurse association or the professional nurse association.

The following are examples of the arrangements in various contracts. Their legal advisability or adequacy is not implied by their being listed here.

1. Hospital shall carry its usual malpractice, public liability, and compensation insurance on students of the college during clinical assignment.
2. Hospital "protects" the college from any liability for student injury while on hospital property.
3. College holds hospital free from any liability to any student for injury resulting from learning activities.

4. College district will obtain coverage of at least $_______ for injuries to students during clinical assignment and coverage of at least $_______ for property damage to the hospital resulting from educational activities.
5. Neither agency shall sue the other for damages of negligence.
6. Both agencies will carry liability insurance of $_______ against claims related to their cooperation in education. They shall exchange proof of coverage and warning of discontinuance.
7. College shall carry comprehensive general liability, including malpractice, insurance with proof of coverage supplied to the hospital.

Part VI - Duration of the Contract

The following examples show the stipulations commonly made for contract duration and revision or for contract termination.

1. Duration: Indefinite but review every three years; review "periodically"; review every year; two years; five years with review every two years.
2. Modify or revise any time by mutual consent.
3. Terminate with ten days' notice; or, at end of school year, after nine months' notice; after six months' notice, but not effective for any student in the process of completing a previously begun experience.

The general opinion seems to be that a review of the contract relationship each year is a good procedure, not that any change or termination is planned but because this routine provides an opportunity to discuss the program in nursing and its relationship to the hospital without the need of setting up a special occasion or giving the points discussed the importance of a "called" meeting. Often the discussion is a progress report between the top administration of the college and that of the hospital and a helpful exchange of general news and plans of interest to the other.

Since securing clinical experience to implement the curriculum in nursing is a complex and time-consuming task and since each student's education requires a sequence of planned clinical education, it is important that the contract permitting this should protect the continuity of the program. It should not be possible for a contract to be terminated with a haste which prevents the graduation of students already enrolled in the program.

Appendix E
ENROLLMENTS AND GRADUATES[1]

Enrollments in Basic Schools of Nursing in California

School year	Associate degree programs	Diploma programs	Baccalaureate degree programs
1964-65	2, 312	2, 141	2, 395
1963-64	2, 020	2, 122	1, 838
1962-63	1, 560	2, 232	1, 961
1961-62	1, 189	2, 304	1, 810
1960-61	913	2, 554	1, 567

Graduates of Basic Programs in Nursing in California

School year	Associate degree programs	Diploma programs	Baccalaureate degree programs
1964	647	592	340
1963	500	654	291
1962	359	664	263
1961	305	767	249
1960	234	774	288

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[1] Data from the Board of Nursing Education and Nurse Registration.

Appendix F
STATE LICENSING REGULATIONS

To determine regulations throughout the country for nurse licensure of graduates from 24-month associate degree nursing programs, an inquiry was sent out in the spring of 1962. Replies were received from the licensing agencies of the 50 states and the District of Columbia.

The following 37 states, representing 72.5 percent of the respondents, indicated that they license graduates of any two-year program whose curriculum meets the state's standards. None of these states sets a limit on the time that may elapse between graduation and application for licensure.

Alaska
Arizona
California
Colorado
Delaware
Florida
Hawii
Idaho
Indiana
Kentucky
Maine
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Pennsylvania
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

The following five states and the District of Columbia, representing 11.8 percent of the respondents, consider two-year graduate applicants on an individual basis. The District of Columbia has the additional provision that licensees must be 21 years old.

Connecticut
District of Columbia
Kansas
Louisiana
Missouri
Nebraska

The following two states, representing 3.9 percent of the respondents, require a statement of competence from the employer before an applicant is licensed.

Georgia
Oregon

The six states below, 11.8 percent of the respondents, require preparation of more than two years before licensure. Half of these, as indicated in the following paragraph, are considering liberalizing this licensing law.

Appendix F

Alabama
Illinois
Iowa
Maryland
Kansas
Oregon

Of the five states that are considering liberalizing their licensing laws, Alabama, Illinois, and Iowa now require preparation beyond the associate degree; Kansas considers applicants on an individual basis; and Oregon requires a statement of competence.

Appendix G
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